Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Part 1: Identify Yourself						
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):			
1.	Your full name						
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Anna First name	_	First name			
		Louise Middle name	_	Middle name			
	Bring your picture identification to your meeting with the trustee.	Deese Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)			
2.	All other names you have used in the last 8 years	Anna Louise Foushee					
	Include your married or maiden names.						
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0993					

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Debtor 1 Anna Louise Deese

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)			
		EINs	EINs			
5.	Where you live	168 Woodberry Forest Road	If Debtor 2 lives at a different address:			
		Pittsboro, NC 27312 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		<u>Chatham</u> County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other			
		other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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2: Tell the Court About Y	our Bankruptcy C	ase					
	our Bankruptcy C	350					
		100					
The chapter of the Bankruptcy Code you are		orief description of each, see <i>Notice Requi</i> ous go to the top of page 1 and check the app	red by 11 U.S.C. § 342(b) for Individuals Filing for Bankrupt ropriate box.	су			
choosing to file under	☐ Chapter 7						
	☐ Chapter 11						
	☐ Chapter 12						
	Chapter 13						
How you will pay the fee	about how your order. If you a pre-printed	about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).					
	I request the but is not recapplies to you	I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By but is not required to, waive your fee, and may do so only if your income is less than 150% of the offi applies to your family size and you are unable to pay the fee in installments). If you choose this optic					
Have you filed for	-						
bankruptcy within the last 8 years?	■ No. □ Yes.						
	District	When	Case number				
	District	When	Case number				
	District	When	Case number				
Are any bankruptcy	■ No						
filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
	Debtor		Relationship to you				
	District	When	Case number, if known				
	Debtor		Relationship to you				
	District	When	Case number, if known				
Do you rent your	■ No. Go to	ine 12.					
1631461166 !	☐ Yes. Has ye	our landlord obtained an eviction judgment	against you and do you want to stay in your residence?				
		No. Go to line 12.					
		Yes. Fill out <i>Initial Statement About an Exbankruptcy</i> petition.	viction Judgment Against You (Form 101A) and file it with th	is			
- F to f r y F a	Are any bankruptcy asses pending this case with four, or by a business partner, or by an affiliate?	Chapter 13 Chapter 13 Chapter 13 I will pay the about how your order. If your a pre-printed Ineed to pay The Filing February Ineed The Ineed to pay The Filing February Ineed to pay The Filing Feb	Chapter 13	Chapter 13			

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Deb	otor 1 Anna Louise Dees	se			Case number (if known)	
Par	Report About Any Bu	ısinesses	You Own as a	Sole Proprie	tor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part	Go to Part 4.		
		☐ Yes.	Name and I	ocation of bus	siness	
	A sole proprietorship is a					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			siness, if any		
	If you have more than one sole proprietorship, use a		Number, St	reet, City, Sta	te & ZIP Code	
	separate sheet and attach it to this petition.		Check the a	appropriate bo	ox to describe your business:	
	·				ness (as defined in 11 U.S.C. § 101(27A))	
			☐ Sing	gle Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
			☐ Stoo	ckbroker (as d	lefined in 11 U.S.C. § 101(53A))	
			☐ Con	nmodity Broke	er (as defined in 11 U.S.C. § 101(6))	
			□ Nor	e of the above	e	
13.	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that deadlines. If you indicate that you are a small business debtor, you must attach your most recent balan operations, cash-flow statement, and federal income tax return or if any of these documents do not exist in 11 U.S.C. 1116(1)(B).					
	For a definition of small	No.	I am not filir	ng under Char	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing u Code.	nder Chapter	11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am filing u	nder Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code	
Par	t 4: Report if You Own or	· Have Any	/ Hazardous Pı	operty or An	y Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the ha	zard?		
	public health or safety? Or do you own any property that needs immediate attention?		If immediate a			
	For example, do you own		·			
	perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the p	property?		
	urgent repairs?				Number, Street, City, State & Zip Code	

Debtor 1 Anna Louise Deese

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Anna Louise Deese				Case numbe	Case number (if known)			
Part	6: Answer These Quest	ions for Re	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily of individual primarily for a per	consumer debts? Consumer debts are define sonal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
				pusiness debts? Business debts are debts estment or through the operation of the business				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	owe that are not consumer debts or busines	s debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go to line 18.					
	Do you estimate that after any exempt			Do you estimate that after any exempt propvailable to distribute to unsecured creditors?	erty is excluded and administrative expenses			
	property is excluded and administrative expenses		□ No					
	are paid that funds will be available for		☐ Yes					
	distribution to unsecured creditors?							
18.	How many Creditors do	■ 1-49		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	■ 1-49		☐ 5001-10,000	☐ 50,001-100,000			
	owe?	☐ 100-19	99	□ 10,001-25,000	☐ More than100,000			
		200-99	99					
19.	How much do you	□ \$0 - \$5	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion			
	20		001 - \$500,000	\$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion			
		□ \$500,0	001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
20.	How much do you	□ \$0 - \$5		☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
			001 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		□ \$500,0	001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
Part	:7: Sign Below							
For	you	I have exa	amined this petition, and I de	eclare under penalty of perjury that the inform	nation provided is true and correct.			
				7, I am aware that I may proceed, if eligible, relief available under each chapter, and I ch				
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fil document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					t an attorney to help me fill out this			
		I request	relief in accordance with the	chapter of title 11, United States Code, spec	cified in this petition.			
			understand making a false statement, concealing property, or obtaining money or property by fraud in co ankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C and 3571.					
			Louise Deese					
			ouise Deese of Debtor 1	Signature of Debto	r			
		Executed	on July 31, 2017	Executed on				
			MM / DD / YYYY	MM	/ DD / YYYY			

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Debtor 1	Anna Louise Deese	Case number (if known)
DCDIOI I	Allia Louise Deese	Odoc Humber (II known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Koury L. Hicks Signature of Attorney for Debtor	Date	July 31, 2017 MM / DD / YYYY				
Koury L. Hicks Printed name						
The Law Offices of John T. Orcutt, PC Firm name						
6616-203 Six Forks Road Raleigh, NC 27615						
Number, Street, City, State & ZIP Code						
Contact phone (919) 847-9750	Email address	postlegal@johnorcutt.com				
36204 Bar number & State						

Filli	n this infor	mation to identify yo	our case:			
Debt	tor 1	Anna Louise D		Loot Name		
Debt	tor 2	First Name	Middle Name	Last Name		
	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Ba	ankruptcy Court for the	e: MIDDLE DISTRICT OF	NORTH CAROLINA (NC EXI	EMPTIONS)	
Case (if kno	e number wn)					Check if this is an amended filing
		orm 107	Affaire for Indiv	iduals Filing for F	Pankruntov	4/4
Be as	s complete mation. If r	and accurate as pos	sible. If two married people d, attach a separate sheet t	iduals Filing for E e are filing together, both are o this form. On the top of ar	e equally responsible for s	
Part	1: Give	Details About Your M	Marital Status and Where Yo	ou Lived Before		
1.	What is you	ur current marital sta	tus?			
	□ Marrie	4				
	■ Not ma	-				
2.	■ No		u lived anywhere other tha	·		
	⊔ Yes. Li	st all of the places you	I lived in the last 3 years. Do	not include where you live no	w.	
	Debtor 1 P	rior Address:	Dates Debtor lived there	1 Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
				egal equivalent in a commu levada, New Mexico, Puerto F		
	■ No □ Yes. M	lake sure you fill out S	chedule H: Your Codebtors (Official Form 106H).		
Part	2 Expla	ain the Sources of Yo	our Income			
	Fill in the to	tal amount of income y	ou received from all jobs and	ting a business during this y d all businesses, including par ive together, list it only once u	t-time activities.	ilendar years?
,			Dahtar 4		Dahtar 2	
			Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Official Form 107

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Case number (if known)

5.				is year or the two prev				
	and other	er public benefit pay	ments; pensions; r	ome is taxable. Example rental income; interest; d have income that you re	ividends; money collec	cted from lawsuits;	royalties; and gambl	
	List each	n source and the gr	oss income from ea	ach source separately. D	o not include income t	hat you listed in lin	e 4.	
	□ No							
	_	s. Fill in the details.						
			Debtor 1			Debtor 2		
				of income Gr	oss income from	Sources of inc	ome Gros	s income
			Describe	(be	ch source efore deductions and clusions)	Describe below	(re deductions exclusions)
		ry 1 of current year I filed for bankrup	Occiui c	Security	\$13,566.00			
			Pension	1	\$2,971.36			
		endar year: o December 31, 2	Social S	Security	\$21,936.00			
			Pension	ı	\$5,093.76			
For the calendar year before that: (January 1 to December 31, 2015)				social Security \$21,936.00				
			Pension	ı	\$5,093.76			
Pa	rt 3: Li	st Certain Paymer	nts You Made Bef	ore You Filed for Bank	ruptcy			
).				imarily consumer debt				
	□ No.	Neither Debtor	1 nor Debtor 2 ha	as primarily consumer of family, or household pur	debts. Consumer debt	s are defined in 11	U.S.C. § 101(8) as '	incurred by an
			ays before you filed	l for bankruptcy, did you	pay any creditor a tota	al of \$6,425* or mo	re?	
			to line 7.					
				or to whom you paid a to not include payments for				
		not	include payments	to an attorney for this ba	nkruptcy case.			
				and every 3 years after		or after the date of	r adjustinent.	
	■ Yes			e primarily consumer of the state of the sta		al of \$600 or more?		
		□ No. Go	to line 7.					
		incl		or to whom you paid a to domestic support obligati uptcy case.				
	Cradit-	urlo Nome and Ad-	drago	Dates of reament	Total amount	Amount vo	Was this naves	t for
	Credito	or's Name and Add	ii ess	Dates of payment	Total amount paid	Amount you still owe	Was this paymen	t 10f
BB&T ******				05/15/2017	\$800.26	\$0.00	■ Mortgage	

06/15/2017

07/15/2017

Attn: Bankruptcy Managing Agent

Post Office Box 1847

Wilson, NC 27894

Debtor 1 Anna Louise Deese

☐ Car

☐ Credit Card

☐ Other__

□ Loan Repayment□ Suppliers or vendors

Case number (if known)

	·							
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.							
	■ No							
	☐ Yes. List all payments to an insider.							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.							
	■ No□ Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
Pa	rt 4: Identify Legal Actions, Repossessio	ns, and Foreclosures	para	o o o	morado orda	illor o riamo		
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.							
	Case title Case number	Nature of the case	Court or agency Chatham County Courthouse 200 Sanford Circle Pittsboro, NC 27312		Status of the case			
	BB&T Company c/o Smith Debnam Narron Drake Saintsing & Myers, L.L.P. vs. Anna L. Deese 17CVD700	Complaint For Money Owed			☐ Pending ☐ On appe ☐ Conclud	eal		
	BB&T	Complaint For	Chatham County	v	☐ Pending			
	vs.	Money Owed	Courthouse	,	☐ On appeal			
	Anna Deese 16CVD196		200 Sanford Circ Pittsboro, NC 27		■ Concluded			
	Citibank, N.A. Complaint For ws. Money Owed Anna Deese 16CVD625		Chatham County Tax Administrator Post Office Box 908 Pittsboro, NC 27312		☐ Pending ☐ On appeal ☐ Concluded			
10.	Check all that apply and fill in the details belo		erty repossessed, fo	reclosed, garnis	shed, attached	d, seized, or levied?		
	No. Go to line 11. Yes. Fill in the information below.							
	Creditor Name and Address	Describe the Property		Date		Value of the		
		Explain what happened	d			property		

Debtor 1 Anna Louise Deese

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Case number (if known)

44	Within 00 days before you filed for banks	runtov	did any graditor including a bank or financial including	estituition, cot off only	amounts from your					
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.									
	Creditor Name and Address	De	escribe the action the creditor took	Date action was taken	Amount					
12.	Within 1 year before you filed for bankro court-appointed receiver, a custodian, or		vas any of your property in the possession of an aner official?	assignee for the ben	efit of creditors, a					
	■ No □ Yes									
Pai	t 5: List Certain Gifts and Contributio	ns								
13.	Within 2 years before you filed for bank ■ No	ruptcy,	did you give any gifts with a total value of more t	han \$600 per person	?					
	☐ Yes. Fill in the details for each gift.									
	Gifts with a total value of more than \$6 per person	Describe the gifts	Dates you gave the gifts	Value						
	Person to Whom You Gave the Gift and Address:	i								
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.									
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo	total	Describe what you contributed	Dates you contributed	Value					
Pai	t 6: List Certain Losses									
		uptcy o	r since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,					
	■ No									
	☐ Yes. Fill in the details.									
	Describe the property you lost and how the loss occurred	Desci	ribe any insurance coverage for the loss	Date of your	Value of property					
	now the loss occurred		le the amount that insurance has paid. List pending ince claims on line 33 of Schedule A/B: Property.	loss	lost					
Pai	t7: List Certain Payments or Transfer	s								
16.	consulted about seeking bankruptcy or	prepar	lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services require		erty to anyone you					
	■ No									
	☐ Yes. Fill in the details.									
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment					

Debtor 1 Anna Louise Deese

			_
Debtor 1	Anna I	OHISE	Deese

Case number (if known)

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details.									
	Person Who Was Paid Address	Description and va transferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment				
18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details.	siness or financial affa le as security (such as the	irs? ne granting of a s							
	Person Who Received Transfer Address Person's relationship to you	Description and va property transferre			any property or received or debts change	Date transfer was made				
19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protein No Yes. Fill in the details.		/ property to a s	elf-settled tru	ust or similar device o	of which you are a				
	Name of trust	Description and va	Description and value of the property transferred			Date Transfer was made				
Par	List of Certain Financial Accounts, Instr Within 1 year before you filed for bankruptcy,		·		your name, or for yo	ur honofit closed				
20.	sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa No Yes. Fill in the details.	other financial accoun	ts; certificates o	of deposit; sh						
	Name of Financial Institution and	ast 4 digits of account number	Type of accour instrument	clo	te account was osed, sold, oved, or nsferred	Last balance before closing or transfer				
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, any	r safe deposi	t box or other deposit	tory for securities,				
	Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acco Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?				
22.	Have you stored property in a storage unit or No Yes. Fill in the details.	place other than your	home within 1 y	ear before yo	ou filed for bankruptc	y?				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?				

			Case 17-80595	Doc 1	Filed 07/31/17	7 Page 13 of 66	
Del	otor 1	Anna Louise De	eese			Case number (if known)	
Pai	rt 9:	Identify Property Y	ou Hold or Control for So	omeone Else			
23.		you hold or control a someone.	ny property that someon	e else owns?	Include any propert	y you borrowed from, are storing fo	r, or hold in trust
		No Yes. Fill in the deta	ils.				
	_	ner's Name dress (Number, Street, Ci	ty, State and ZIP Code)	Where is the (Number, Street, Code)	e property? City, State and ZIP	Describe the property	Value
Pai	t 10:	Give Details Abou	t Environmental Informat	ion			
For	the p	ourpose of Part 10, th	ne following definitions a	pply:			
	toxi	c substances, waste	•	, land, soil, s	urface water, ground	ng pollution, contamination, releas water, or other medium, including s	
		•	, facility, or property as d e it, including disposal s		any environmental la	aw, whether you now own, operate,	or utilize it or used
			ns anything an environm utant, contaminant, or si		ines as a hazardous	waste, hazardous substance, toxic	substance,
Rep	ort a	II notices, releases, a	and proceedings that you	ı know about	, regardless of when	they occurred.	
24.	Has	any governmental u	nit notified you that you	may be liable	or potentially liable	under or in violation of an environm	ental law?
		No Yes. Fill in the detai	ils.				
		me of site dress (Number, Street, Ci	ty, State and ZIP Code)	Government Address (Nur ZIP Code)	cal unit mber, Street, City, State and	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any go	overnmental unit of any re	elease of haz	ardous material?		
	■ No □ Yes. Fill in the details.						
		me of site dress (Number, Street, Ci	ty, State and ZIP Code)	Government Address (Nur ZIP Code)	cal unit mber, Street, City, State and	Environmental law, if you know it	Date of notice
26.	Hav	e you been a party ir	n any judicial or administ	rative procee	ding under any envir	onmental law? Include settlements	and orders.

	No
п	Va

☐ Yes. Fill in the details.

Case Title
Case Number

Case Number

Case Number

Court or agency
Nature of the case
Nature of the case
Case

Status of the case
Case
Address (Number, Street, City, State and ZIP Code)

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

 $f\square$ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

 $\ \square$ A member of a limited liability company (LLC) or limited liability partnership (LLP)

☐ A partner in a partnership

☐ An officer, director, or managing executive of a corporation

☐ An owner of at least 5% of the voting or equity securities of a corporation

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Case number (if known)

	No. None of the above applies. Go to F							
	Yes. Check all that apply above and fill Business Name	in the details below for each business. Describe the nature of the business	Employer Identification number					
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN. Dates business existed					
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.							
	■ No □ Yes. Fill in the details below.							
	Name	Date Issued						

Official Form 107

Debtor 1 Anna Louise Deese

Address

(Number, Street, City, State and ZIP Code)

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Debtor 1 Anna Louise Deese	Case number (if known)
Part 12: Sign Below	
are true and correct. I understand that making	Financial Affairs and any attachments, and I declare under penalty of perjury that the answers g a false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both.
/s/ Anna Louise Deese	
Anna Louise Deese Signature of Debtor 1	Signature of Debtor 2
Date _July 31, 2017	Date
Did you attach additional pages to Your State ■ No □ Yes	ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is ■ No	not an attorney to help you fill out bankruptcy forms?
☐ Yes. Name of Person Attach the Bai	kruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill	n this inform	nation to identify	your case and th	is filing	g:					
Deb	tor 1	Anna Louise								
Deh	tor 2	First Name	Middle	Name		Last Name				
	se, if filing)	First Name	Middle	Name		Last Name				
Unit	ed States Bar	nkruptcy Court for	the: MIDDLE DI	STRIC	T OF NORTH	H CAROLINA (NC EXEM	MPTIONS)			
Cas	e number					_			☐ Check if this is ar amended filing	
~ "	–	4004/5								
		rm 106A/B								
		e A/B: Pr				f an asset fits in more tha			12/15	
Part	er every quest 1: Describe E		ilding, Land, or Otl	her Real	I Estate You C	Own or Have an Interest In				
	No. Go to Part Yes. Where is	2.	JITADIE INTEREST IN A	ny resid	ence, bullain	g, land, or similar propert	y e			
1.1	168 Woodl	berry Forest Ro	ad	What		rty? Check all that apply				
	168 Woodberry Forest Road Street address, if available, or other description			Single-family home Duplex or multi-unit building Condominium or cooperative			the amour	nt of any secure	nims or exemptions. Put d claims on Schedule D: ns Secured by Property.	
	Pittsboro	NC	27312-0000			ed or mobile home	Current v	alue of the operty?	Current value of the portion you own?	
	City	State	ZIP Code			property	\$1	49,610.60	\$149,610.60	
								Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties		
				Who	has an intere	st in the property? Check of	ne à life esta	ite), if known.	ancy by the entireties, or	
	Ch ath am				Debtor 1 on	•	Sole In	terest		
	Chatham					ly d Debtor 2 only				
	·					of the debtors and another		ck if this is com nstructions)	munity property	
					r information erty identifica	you wish to add about thation number:	s item, such as l	ocal		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Deb	tor 1 🔼	nna Louise	Deese		Case number (if known)	
3. C	ars, vans,	trucks, tracto	ors, sport utility ve	hicles, motorcycles		
	No					
	Yes					
	. 00					
3.1	Make:	Ford		Who has an interest in the property? Check one		ured claims or exemptions. Put
0	Model:	Sport Trac		■ Debtor 1 only		secured claims on Schedule D: ve Claims Secured by Property.
	Year:	2005		☐ Debtor 2 only		
	Approxir	nate mileage:	119,596	Debtor 1 and Debtor 2 only	Current value of t entire property?	portion you own?
	Other in	formation:		☐ At least one of the debtors and another		
		FMZU67K85U		_	¢4.000	00 #4 000 00
		nce Policy: 1228430	Farm Bureau	☐ Check if this is community property (see instructions)	\$4,892	.00 \$4,892.00
	- APIVI	1220430		(coo included)		
5 A				n for all of your entries from Part 2, includin		\$4,892.00
Part	3: Descri	be Your Person	al and Household Ite	ems		
		or have any leg	•	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
		Major applianc		, china, kitchenware		
			Household Goo	ds and Furnishings		\$470.00
		Į.				
		Televisions and including cell p		eo, stereo, and digital equipment; computers, p nedia players, games	rinters, scanners; music c	ollections; electronic devices \$95.00
E	xamples:	other collection	igurines; paintings, ns, memorabilia, co	prints, or other artwork; books, pictures, or othe llectibles	er art objects; stamp, coin,	or baseball card collections;
E	xamples: ■ No	musical instrur	raphic, exercise, an	d other hobby equipment; bicycles, pool tables	, golf clubs, skis; canoes a	and kayaks; carpentry tools;
L	Yes. De	scribe				
_	Firearms <i>Examples</i> ■ No	: Pistols, rifles,	shotguns, ammunit	tion, and related equipment		

Official Form 106A/B Schedule A/B: Property page 2

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De	ebtor 1	Anna Louise	Deese		Case number (if known)
	☐ Yes.	Describe				
11.	□ No		othes, furs	s, leather coats, designe	r wear, shoes, accessories	
			Clothir	าต		\$25.00
12.	□ No		velry, cos	tume jewelry, engageme	ent rings, wedding rings, heirloom jewelry, watches,	gems, gold, silver
			Jewelr	у		
13.	Examp ■ No	rm animals bles: Dogs, cats, b	oirds, hors	ses		
14.	Any oth	ner personal and	d househ	old items you did not a	already list, including any health aids you did no	ot list
		Give specific info	ormation			
			Subjec	otherwise specified	s Claim(s). lement/award by Bankruptcy Court. d, no specific claims are known at	\$0.00
Pa	for Pa	ort 3. Write that r	number h	ere	s, including any entries for pages you have attac	\$600.00
De	o you ow	n or have any le	egal or ed	quitable interest in any	of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No ·		-	our wallet, in your home,	in a safe deposit box, and on hand when you file yo	our petition
					Cash	\$10.00
17.	Examp ☐ No				s; certificates of deposit; shares in credit unions, broom the same institution, list each. Institution name:	kerage houses, and other similar
			17.1.	Savings	NC State Employees' Credit Union	\$25.00
			17.2.	Checking	NC State Employees' Credit Union New Account	\$10.00
				_		

Official Form 106A/B
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D	ebtor 1	Anna Louise	Deese			Case number (if known)	
			17.3.	Checking	ВВ&Т		\$0.00
18	Examp ■ No			cly traded stocks ent accounts with brol Institution or issuer n	kerage firms, money mark name:	ket accounts	
19	joint ve	enture	ormation	interests in incorpo about them	·	ed businesses, including an interes % of ownership:	t in an LLC, partnership, and
20	Negotia Non-ne ■ No	able instruments	orate borate include pents are	nds and other negot personal checks, cash those you cannot trar	tiable and non-negotiabl hiers' checks, promissory nsfer to someone by signi	le instruments notes, and money orders.	
21	Examp ■ No	nent or pension bles: Interests in List each accour	IRA, ERIS	SA, Keogh, 401(k), 40	03(b), thrift savings accou	unts, or other pension or profit-sharing	plans
22	Your sh Examp ■ No		d deposi	ts you have made so		ervice or use from a company s, water), telecommunications compan	nies, or others
23			or a perio	dic navment of money	y to you, either for life or fo		
23	■ No □ Yes			e and description.	y to you, entire for the of the	or a number or years)	
24		s in an education C. §§ 530(b)(1),			ualified ABLE program, o	or under a qualified state tuition pro	ogram.
	☐ Yes	In	stitution r	name and description	. Separately file the record	rds of any interests.11 U.S.C. § 521(c):	
25	■ No	equitable or fu		, ,	her than anything listed	d in line 1), and rights or powers exe	ercisable for your benefit
26	Examp ■ No		nain nam	es, websites, proceed	d other intellectual prop ds from royalties and licen		
27	. License Examp ■ No	es, franchises,	and othe mits, exc	r general intangible lusive licenses, coope		gs, liquor licenses, professional license	es
M	oney or p	property owed t	to you?				Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

De	ebtor 1	Anna Louise De	ese	Case number (if known)	
28.	Tax ref	unds owed to you			
	■ No				
	☐ Yes.	Give specific informat	tion about them, including whether you a	already filed the returns and the tax years	
29.		support	o sum alimony spousal support, child su	pport, maintenance, divorce settlement, property	sattlement
	■ No	ves. I ast due of famp	o sum amnony, spousar support, crima su	pport, maintenance, divorce settlement, property	Sottierierit
	☐ Yes.	Give specific informat	tion		
30.	Examp			penefits, sick pay, vacation pay, workers' compe	nsation, Social Security
	■ No	Civa anacifia informa	ation.		
		Give specific informa			
31.		ts in insurance polic ples: Health, disability,		nt (HSA); credit, homeowner's, or renter's insurar	nce
	■ No	, , , , , , , , , , , , , , , , , , ,	,		
	☐ Yes. I	Name the insurance of	company of each policy and list its value		Currender or refund
			Company name:	Beneficiary:	Surrender or refund value:
32.	If you a someo			died e insurance policy, or are currently entitled to reco	eive property because
33.	Examp ■ No		s, whether or not you have filed a law byment disputes, insurance claims, or rig		
34.	Other o	ontingent and unliq	uidated claims of every nature, inclu	ding counterclaims of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim.			
35.	Any fin	ancial assets you di	id not already list		
	■ No				
	⊔ Yes.	Give specific informa	ation		
36				g any entries for pages you have attached	\$45.00
Pa	rt 5: Des	scribe Any Business-R	elated Property You Own or Have an Intere	est In. List any real estate in Part 1.	
37.	Do you o	own or have any legal o	or equitable interest in any business-relate	d property?	
	No. Go	• •	, , , , , , , , , , , , , , , , , , , ,		
ı	☐ Yes. G	to to line 38.			
Pa			Commercial Fishing-Related Property You est in farmland, list it in Part 1.	Own or Have an Interest In.	
46.	Do you	own or have any le	gal or equitable interest in any farm-	or commercial fishing-related property?	
	■ No.	Go to Part 7.	-		
	☐ Yes.	Go to line 47.			
		•			

Describe All Property You Own or Have an Interest in That You Did Not List Above

Schedule A/B: Property

Official Form 106A/B

Debtor 1	Anna Louise De	ese	Case number (if known)	
Exan		y of any kind you did not already country club membership	list?	
_ 100	s. Olve specific informa	IMPORTANT NOTICES:		
			& B): FMV unless otherwise noted.	
		drawn largely from unverifie and shall not be considered amount owed, interest, late	I on Sch. D, E & F are estimates only, d information provided by the creditor, an admission by the Debtor(s) of the fees, etc. Nor is this listing of a creditor sion by the Debtor(s) that such parties are s.	\$0.00
54. Add	the dollar value of al	I of your entries from Part 7. Write	e that number here	\$0.00
Part 8:	List the Totals of Each	n Part of this Form		
55. Part	1: Total real estate, l	ine 2		\$149,610.60
56. Part	2: Total vehicles, line	e 5	\$4,892.00	
57. Part	3: Total personal and	d household items, line 15	\$600.00	
58. Part	4: Total financial ass	sets, line 36	\$45.00	
59. Part	5: Total business-rel	ated property, line 45	\$0.00	
60. Part	6: Total farm- and fis	shing-related property, line 52	\$0.00	
61. Part	7: Total other proper	ty not listed, line 54	+ \$0.00	

\$5,537.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$5,537.00

\$155,147.60

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UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA DURHAM DIVISION

In Re:		
Anna Louise Deese	Case No.	
Social Security No.: xxx-xx-0993 Address: 168 Woodberry Forest Road, Pittsboro, NC 27312		
Address: 108 woodderfy Forest Road, Fittsboto, NC 2/312	Debtor.	Form 91C (rev. 1/21/14)

DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS

The undersigned Debtor hereby claims the following property as exempt pursuant to 11 U.S.C. Sections 522(b)(3)(A),(B), and (C), the North Carolina General Statues, and non-bankruptcy federal law. Undersigned Debtor is claiming and intends to claim as exempt 100% of Debtor's interest in each and every item listed, irrespective of the actual value claimed as exempt.

1. RESIDENCE EXEMPTION: REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT.

Each debtor can retain an aggregate interest in such property, **not to exceed a total net value of \$35,000**. (N.C.G.S. § 1C-1601(a)(1) (NC

Const. Article X, Section 2)(See * below)

Description of	Market	Mortgage Holder or	Amount of	Net
Property & Address	Value	Lien Holder	Mortgage or Lien	Value
House and Land 168 Woodberry Forest Rd. Pittsboro, NC 27312	\$147,974.80	Chatham County Tax Collector BB&T Mortgage BB&T (Judgment Lien) BB&T (Judgment Lien)	\$1,372.76 \$122,376.00 13,105.00 <u>15,008.00</u> \$151,861.76	\$0.00

TOTAL NET VALUE:	\$0.00
VALUE CLAIMED AS EXEMPT:	\$30,000.00
UNUSED AMOUNT OF EXEMPTION:	\$5,000.00

RESIDENCE EXEMPTION: REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT.

Exception to \$18,500 limit: An unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in property **not** to exceed \$60,000 in net value, so long as: (1) the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and (2) the <u>former co-owner of the property is deceased</u>, in which case the debtor must specify his/her age and the name of the former co-owner (if a child use initials only) of the property below. (N.C.G.S. § 1C-1601(a)(1) (NC Const. Article X, Section 2)(See * below)

Description of Property & Address	Market Value	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value
	minus 6%			

Debtor's Age:	TOTAL NET VALUE:	
Name of former co-owner:	VALUE CLAIMED AS EXEMPT:	
	UNUSED AMOUNT OF EXEMPTION:	

^{*} Note to all interested parties: Notwithstanding the above, in the event that: (1) this concerns a Chapter 13 case filed within 12 months after the dismissal of a prior bankruptcy case, and (2) a creditor has, prior to the filing of this case, taken an "action" as that term is defined in In re: Paschal, 337 B.R. 27 (2006), the debtor(s) do not claim the property as exempt, in which case the above information is provided for the sole

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purpose of determining compliance as required by 11 U.S.C. 1325(a)(4).

2.	TENANCY BY THE ENTIRETY: All the net value in the following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B)
	and the law of the State of North Carolina pertaining to property held as tenants by the entirety. (No limit on amount or number of
	items.)(See * above which shall also apply with respect to this exemption.)

Description of Property & Address	
1.	1.
2.	2.

3. **MOTOR VEHICLE EXEMPTION:** Each debtor can claim an exemption in only <u>one</u> vehicle, not to exceed \$3,500.00 in net value. (N.C.G.S. § 1C-1601(a)(3))

Year, Make, Model, Style of Motor Vehicle	Market Value	Lien Holder	Amount of Lien	Net Value
2005 Ford Sport Trac	\$4,892.00	N/A	\$0.00	\$4,892.00

TOTAL NET VALUE:	\$4,892.00
VALUE CLAIMED AS EXEMPT:	\$3,500.00

4. TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS: (Each debtor can retain an aggregate interest, not to exceed \$2,000.00 in net value.) (N.C.G.S. § 1C-1601(a)(5))

Description	Market Value	Lien Holder	Amount of Lien	Net Value

TOTAL NET VALUE:	
VALUE CLAIMED AS EXEMPT:	

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES:** Each debtor can retain a total aggregate interest, not to exceed \$5,000.00 in net value, <u>plus</u> \$1000.00 in net value for each dependent of the debtor (not to exceed \$4,000 total for dependents.) (N.C.G.S. § 1C-1601(a)(4) & NC Const., Article X, Section 1)

The number of dependents for exemption purposes is:

Description of Property	Market Value	Lien Holder	Amount of Lien	Net Value
Clothing & Personal				\$25.00
Kitchen Appliances				\$50.00
Stove				\$50.00
Refrigerator				\$75.00
Freezer				\$0.00
Washing Machine				\$75.00
Dryer				\$75.00
China				\$0.00
Silver				\$0.00
Jewelry				\$10.00
Living Room Furniture				\$100.00

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Den Furniture					\$0.00
Bedroom Furniture					\$30.00
Dining Room Furniture					\$0.00
Lawn Furniture					\$15.00
Television					\$25.00
() Stereo () Radio					\$10.00
() VCR () Video Camer	ra				\$10.00
Musical Instruments					\$0.00
() Piano () Organ					\$0.00
Air Conditioner					\$0.00
Paintings or Art					\$0.00
Lawn Mower					\$0.00
Yard Tools					\$0.00
Crops					\$0.00
Recreational Equipment					\$0.00
Computer Equipment					\$50.00
Firearms					\$0.00
				TOTAL NET VALUE:	\$600.00
			VALU	JE CLAIMED AS EXEMPT:	\$5,000.00

		VALUE CLAIMED	AS EXEMPT:	\$5,000.00	
ó.	LIFE INSURANCE: There is no limit on amount or number of policie	s. (N.C.G.S. § 1C-1601(a)(6) & NC Const	., Article X, Sect. 5)	
		Ĭ			

Last 4 Digits Beneficiary Description & Company Insured of Policy Number (If child, use initials only)

Description		

8. COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR THE DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. There is no limit on this exemption. All such amounts are claimed as exempt. (The compensation is not exempt from related legal, health or funeral expenses.) (N.C.G.S. § 1C-1601(a)(8))

Description	Source of Compensation	Last 4 Digits of Any Account Number

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The Debtor claims an exemption in any possible consumer rights claim only to the extent that the settlement/award is found by the Bankruptcy Court, upon the filing of a Motion for Approval of Settlement/Award and for Allowance of Exemptions and an Amendment to this Schedule C, to be in the nature of a personal injury claim, if allowed as exempt under applicable law, or to the extent that it is found to be other than a personal injury claim only to the extent of the dollar amount available to the Debtor under another exemption, such as the wildcard exemption, under applicable exemptions law. The time within which the trustee may object to the claiming of any exemption in this asset, shall be deemed tolled until such time as the Motion and Amendment are filed and served upon the trustee.

- 9. INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE. (N.C.G.S. § 1C-1601(a)(9)) (No limit on number or amount.). Debtor claims an exemption in all such plans, plus all other RETIREMENT FUNDS as defined in 11 U.S.C. Section 522(b)(3)(c).
- 10. **COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE.** Total net value <u>not</u> to exceed \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, such contributions must have been made in the ordinary course of the debtor's financial affairs <u>and</u> must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses. (N.C.G.S. § 1C-1601(a)(10))

College Savings Plan	Last 4 Digits of Account Number	Initials of Child Beneficiary	Value

|--|

11. **RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENT UNITS OF OTHER STATES.** (The debtor's interest is exempt only to the extent that these benefits are exempt under the law of the State or governmental unit under which the benefit plan is established.) (N.C.G.S. § 1C-1601(a)(11))

Name of Retirement Plan State or Governmental Unit	Last 4 Digits of Identifying Number	Value
--	--	-------

ALUE CLAIMED AS EXEMPT:

12. ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor.) (N.C.G.S. § 1C-1601(a)(12))

Type of Support	Location of Funds	Amount

VALUE CLAIMED AS EXEMPT:

13. **WILDCARD EXEMPTION:** Each debtor can retain a total aggregate interest in any other property, not to exceed a net value of \$5,000.00, or the unused portion of the debtor's residence exemption, whichever is less. (N.C.G.S. § 1C-1601(a)(2))

Description of the Property	Market Value	Lien Holder	Amount of Lien	Net Value
Any property owned by the debtor(s), not otherwise claimed as exempt.				\$3,608.00
Residual Value 2005 Ford Sport Trac	\$1,392.00	N/A	\$1,392.00	\$1,392.00

TOTAL NET VALUE:	\$5,000.00
VALUE CLAIMED AS EXEMPT:	\$5,000.00

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14. OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:

	Amount
Aid to the Aged, Disabled and Families with Dependent Children N.C.G.S. § 108A-36	
Aid to the Blind N.C.G.S. § 111-18	
Yearly Allowance of Surviving Spouse N.C.G.S. § 30-15	
North Carolina Local Government Employees Retirement Benefits N.C.G.S. § 128-31	
North Carolina Teachers and State Employee Retirement Benefits N.C.G.S. § 135-9	
Fireman's and Rescue Workers' Pensions N.C.G.S. § 58-86-90	
Workers Compensation Benefits N.C.G.S. § 97-21	
Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed N.C.G.S. § 96-17	
Group Insurance Proceeds N.C.G.S. § 58-58-165	
Partnership Property, except on a claim against the partnership N.C.G.S. § 59-55	
Wages of Debtor necessary for the support of family N.C.G.S. § 1-362	

|--|

15. EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:

	Amount
Foreign Service Retirement and Disability Payments 22 U.S.C. § 4060	
Social Security Benefits 42 U.S.C. § 407	\$1,938.00/Mth
Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717	
Wages of Fishermen, Seamen and Apprentices, 46 U.S.C. § 11108 &11109	
Civil Service Retirement Benefits 5 U.S.C. § 8346	
Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916	
Railroad Retirement Act annuities and pensions 45 U.S.C. § 231m	
Veteran benefits 38 U.S.C. § 5301	
Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. § 1562	

VALUE CLAIMED AS EXEMPT: \$1,938.00/Mth

UNSWORN DECLARATION UNDER PENALTY OF PERJURY

I, the undersigned Debtor, declares under penalty of perjury that I have read the foregoing document, consisting of 14 paragraphs on consecutive pages, and that they are true and correct to the best of my knowledge, information and belief.

Dated: 7/31/17

s/ Anna Louise Deese
Anna Louise Deese

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UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA DURHAM DIVISION

In Re: Anna Louise Deese	PROPOSE	D CHAPTER 13 PLAN
Social Security No.: xxx-xx-0993	Case No. Chapter 13	
Address: 168 Woodberry Forest Road, Pittsboro, NC 27312	Chapter 13	
Debtor.		

The Debtor proposes an initial plan, which is subject to modification, as follows:

This document and the attached **CH. 13 PLAN - DEBTS SHEET (MIDDLE)** shall, together, constitute the proposed plan; and all references herein are to corresponding sections of said attached document. The terms and conditions of this proposed plan shall control and apply except to the extent that they contradict the terms and conditions of the order confirming the Chapter 13 plan entered by this Court in this case:

- Payments to the Trustee: The Debtor proposes to pay to the Trustee from future earnings consecutively monthly payments, for
 distribution to creditors after payment of costs of administration. See "PROPOSED PLAN PAYMENT" section for amount of
 monthly payment and the duration. Actual duration will be determined in accordance with the provisions set forth in the Paragraph
 2 below.
- 2. <u>Duration of Chapter 13 Plan</u>: at the earlier of, the expiration of the Applicable Commitment Period <u>or</u> the payment to the Trustee of a sum sufficient to pay in full: (A) Allowed administrative priority claims, including specifically the Trustee's commissions and attorneys' fees and expenses ordered by the Court to be paid to the Debtor's Attorney, (B) Allowed secured claims (including but not limited to arrearage claims), excepting those which are scheduled to be paid directly by the Debtor "outside" the plan, (C) Allowed unsecured priority claims, (D) Cosign protect consumer debt claims (only where the Debtor proposes such treatment), (E) Post-petition claims allowed under 11 U.S.C. § 1305, (F) The dividend, if any, required to be paid to non-priority, general unsecured creditors (not including priority unsecured creditors) pursuant to 11 U.S.C. § 1325(b)(1)(B), and (G) Any extra amount necessary to satisfy the "liquidation test" as set forth in 11 U.S.C. § 1325(a)(4).
- 3. Payments made directly to creditors: The Debtor proposes to make regular monthly payments directly to the following creditors: See "RETAIN COLLATERAL & PAY DIRECT OUTSIDE PLAN" section. It shall not be considered a violation of the automatic stay if, after the bankruptcy filing, a secured creditor sends to the Debtor payment coupon books or monthly payment invoices with respect to debts set forth in this section of the plan.
- 4. <u>Disbursements by the Trustee</u>: The Debtor proposes that the Trustee make the following distributions to creditors holding allowed claims, after payment of costs of administration as follows: See "INSIDE PLAN" section. More specifically:
 - a. The following secured creditors shall receive their regular monthly contract payment: See "LTD Retain / DOT on Principal Res./Other Long Term Debts" section. At the end of the plan, the Debtor will resume making payments directly to the creditor on any such debt not paid in full during the life of the plan.
 - b. The following secured creditors shall be paid in full on their arrearage claims over the life of the plan on a pro-rata basis with other secured claims (not including LTD claims): See "**Arrearage Claims**" section.
 - c. The following creditors have partially secured and partially unsecured claims. The secured part of the claim shall be paid in full over the life of the plan on a pro-rata basis with other secured claims (not including LTD claims): See "STD Retain/Secured Debts (Paid at FMV)" and "Secured Taxes" sections.
 - d. The following secured creditors shall be paid in full over the life of the plan on a pro-rata basis with other secured claims (not including LTD claims): See "STD Retain / Secured Debts & 910 Vehicles (Pay 100%)" section.
 - e. The following priority claims shall be paid in full by means of deferred payment: See "Unsecured Priority Debts" section.
 - f. The following co-signed claims shall be paid in full, <u>plus interest at the contract rate</u>, by means of deferred payments: See "Cosign Protect Debts (Pay 100%)" section.
 - g. After payment of allowed costs of administration, priority and secured claims, the balance of the funds paid to the Trustee shall be paid to allowed, general unsecured, non-priority claims. See "General Unsecured Non-Priority Debts" section.
- 5. Property to be surrendered: The Debtor proposes to retain all property serving as collateral for secured claims, except for the following property, which shall be surrendered to the corresponding secured creditor(s): See "SURRENDER COLLATERAL" section. Unless an itemized Proof of Claim for any deficiency is filed within 120 days after confirmation of this plan, said creditor shall not receive any further disbursement from the trustee. Any personal property serving as collateral for a secured claim which is surrendered, either in the confirmation order or by other court order, which the lien holder does not take possession of within 240 days of the entry of such order shall be deemed abandoned and said lien cancelled.

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- 6. **Executory contracts**: The Debtor proposes to assume all executory contracts and leases, except those specifically rejected. See "**REJECTED EXECUTORY CONTRACTS / LEASES**" section.
- 7. Retention of Consumer Rights Causes of Action: Confirmation of this plan shall constitute a finding that the Debtor does not waive, release or discharge but rather retains and reserves for herself and the Chapter 13 Trustee any and all pre-petition claims and any and all post-petition claims that she could or might assert against any party or entity arising under or otherwise related to any state or federal consumer statute or under state or federal common law including but not limited to fraud, misrepresentation, breach of contract, unfair and deceptive acts and practices, retail installment sales act violations, Truth in Lending violations, Home Equity Protection Act violations, Real Estate Settlement Protection Act violations, Fair Debt Collection Practices Act violations, Fair Credit Reporting Act violations, Equal Credit Opportunity Act violations, Fair Credit Billing Act violations, Consumer Leasing Act violations, Federal Garnishment Act violations, Electronic Funds Transfer Act violations, and any and all violations arising out of rights or claims provided for by Title 11 of the United States Code, by the Federal Rules of Bankruptcy Procedure, or by the Local Rules of this Court.
- 8. Standing for Consumer Rights Causes of Action: Confirmation of this plan shall vest in the Debtor full and complete standing to pursue any and all claims against any parties or entities for all rights and causes of action provided for under or arising out of Title 11 of the United States Code including but not limited to the right to pursue claims for the recovery of property of this estate by way of turnover proceedings, the right to recover pre-petition preferences, the right to pursue automatic stay violations, and the right to pursue discharge violations.
- 9. Termination of Liens: Upon the full payment of a secured party's underlying debt determined under non-bankruptcy law or the granting of a discharge pursuant to 11 U.S.C. § 1328, the secured party shall within 10 days after demand and, in any event, within 30 days, execute a release of its security interest on the property securing said claim. In the case of a motor vehicle, said secured creditor shall execute a release on the title thereto in the space provided therefore on the certificate or as the Division of Motor Vehicles prescribes, and mail or deliver the certificate and release to the Debtor or the Debtor's Attorney. Confirmation of this plan shall impose an affirmative and direct duty on each such secured party to comply with the provision and upon failure to so comply. This provision may be enforced in a proceeding filed before the Bankruptcy Court and each such creditor consents to such jurisdiction by failure to file any timely objection to this plan. Such an enforcement proceeding may be filed by the Debtor in this case either before or after the entry of the discharge order and either before or after the closing of this case. The Debtor specifically reserves the right to file a motion to reopen this case under 11 U.S.C. § 350 to pursue the rights and claims provided for herein.
- 10. <u>Jurisdiction for Non-Core Matters</u>: Confirmation of this plan shall constitute the expressed consent by any party in interest in this case, or any one or more of them, including all creditor or other parties duly listed in Schedules D, E, F, G, and H, or any amendments thereto, to the referral of a proceeding related to a case under Title 11 of the United States Code to a Bankruptcy Judge to hear and determine and to enter appropriate orders and judgments as provided for by 28 U.S.C. § 157(c)(2).
- 11. <u>Obligations of Mortgagors</u>: Confirmation of this plan shall impose an affirmative duty on the holders of all claims secured by mortgages or deeds of trust on real property of this estate to:
 - a. Pursuant to 11 U.S.C. § 1326, adequate protection payments shall not be made on allowed secured claims secured by real property prior to confirmation. This provision shall not preclude such a claim-holder from requesting additional adequate protection pursuant to 11 U.S.C. § 362(d);
 - b. Apply any payments received from the Trustee under the plan as the same is designated by the Trustee only to the pre-petition arrears provided for in the confirmed plan;
 - c. Apply any payments received from the Trustee under the plan as the same is designated by the Trustee, that is to either pre-petition interest or pre-petition principal as the case may be;
 - d. Apply all post-petition payments received from the Chapter 13 Trustee under the plan as the same is designated by the Trustee, to the post-petition mortgage obligations of the Debtor for the actual months for which such payments are designated;
 - e. Apply all post-petition payments received directly from the Debtor to the post-petition mortgage obligations due;
 - f. Refrain from the practice of imposing late charges when the only delinquency is attributable to the pre-petition arrears included in the plan;
 - g. Refrain from the imposition of monthly inspection fees or any other type of bankruptcy monitoring fee without prior approval of the Bankruptcy Court after notice and hearing;
 - h. Refrain from the imposition of any legal or paralegal fees or similar charges incurred following confirmation without prior approval of the Bankruptcy Court after notice and hearing;
 - i. Pursuant to 12 U.S.C. § 2609, 15 U.S.C. § 1602, and all other applicable state, federal and contractual requirements, promptly notify the Debtor, the Debtor's Attorney and the Chapter 13 Trustee of any adjustment in the on-going payments for any reason, including, without limitation, changes resulting for Adjustable Rate Mortgages and/or escrow changes. The Debtor specifically agrees that provision of such notice shall not constitute a violation of 11 U.S.C. § 362;
 - j. Pursuant to 11 U.S.C. § 524 and all other applicable state and federal laws, verify, at the request of the Debtor, Debtor's Attorney or Chapter 13 Trustee, that the payments received under the confirmed plan were properly applied;
 - k. Pursuant to N.C.G.S. § 45-91 and all other applicable state, federal and contractual requirements notify the Debtor, the Debtor's Attorney and the Chapter 13 Trustee with notice of the assessment of any fees, charges etc. The Debtor specifically agrees that provision of such notice shall not constitute a violation of 11 U.S.C. § 362; and
 - 1. This provision of this plan may be enforced in a proceeding filed before the Bankruptcy Court and each such secured creditor consents to such jurisdiction by failure to file any timely objection to this plan. Such an enforcement proceeding may be filed by the Debtor in this case either before or after the entry of the discharge order and either before or after the closing of this case. The Debtor specifically reserves the right to file a motion to reopen this case under 11 U.S.C. § 350 to pursue the rights and claims

herein.

- 12. <u>Arbitration</u>: Acceptance by creditors of payments under this plan and/or failure of any creditor to file an objection to confirmation of the plan herein, constitutes waiver of any right(s) of said creditor(s) to seek enforcement of any arbitration agreement and constitutes consent to the removal of any arbitration clause from any type of contract or contracts with the Debtor herein during the pendency of this case.
- 13. Post-petition tax claims: The Debtor's plan shall provide for full payment of any post-petition tax claim filed by the Internal Revenue Service which are allowed pursuant to 11 U.S.C. § 1305 (b), unless the Internal Revenue Service, after a good faith consideration of the effect such a claim would have on the feasibility of the Debtor's Chapter 13 plan, specifically agrees to a different treatment of such claim. However, any future modification of the Debtor's plan to provide for full payment of any allowed post-petition tax claim shall only occur after the filing of a motion requesting a modification of the plan to that effect.
- 14. Offers in Compromise: The Internal Revenue Service shall, pursuant to I.R.C. §7122 (a) (2002) and 11 U.S.C. §§105 and 525 (a), and notwithstanding any provisions of the Internal Revenue Manual, consider any properly tendered Offer in Compromise by the Debtor. This provision shall not be construed to require the Internal Revenue Service to accept any such Offer in Compromise, but the Internal Revenue Service shall consider such Offer in Compromise as if the Debtor was not in an on-going bankruptcy. In the event that an Offer in Compromise is accepted by the Internal Revenue Service and any tax obligation is reduced, the Chapter 13 Trustee shall review the Chapter 13 payment to determine if a reduction in the plan payment is feasible.
- 15. Adequate Protection Payments: The Debtor proposes that all pre-confirmation adequate protection payments be paid as follows:
 - a. Not later than 30 days after the date of the order for relief, the Debtor shall commence paying directly to the lessor all payments scheduled in a lease of personal property or portion thereof that become due after the said order for relief. Absent a timely objection to confirmation of the proposed plan, it shall be presumed that the Debtor has made such payments as required by 11 U.S.C. § 1326(a)(1)(B) of the Bankruptcy Code.
 - b. All pre-confirmation adequate protection payments required by 11 U.S.C. § 1326(a)(1)(c) payable to a creditor holding an allowed claim secured by personal property, to the extent that the claim is attributable to the purchase of such property by the Debtor shall be disbursed by the Chapter 13 Trustee.
 - c. Each creditor entitled to receive a pre-confirmation adequate protection payment pursuant to 11 U.S.C. § 1326(a)(1)(c) shall be paid each month the amount set forth in the column entitled "Adequate Protection". These amounts shall equal **1.00%** of the FMV of the property securing the corresponding creditor's claim <u>or</u> the monthly amount necessary to amortize the claim (computed at the Trustee's interest rate) over the life of the plan, whichever is less.
 - d. The principal amount of the adequate protection recipient's claim shall be reduced by the amount of the adequate protection payments remitted to the recipient.
 - e. All adequate protection payments disbursed by the Chapter 13 Trustee shall be subject to an administrative fee in favor of the Trustee equal to the Trustee's statutory percentage commission then in effect, and the Trustee shall collect such fee at the time of the distribution of the adequate protection payment to the creditor.
 - f. All adequate protection payments disbursed by the Chapter 13 Trustee shall be made in the ordinary course of the Trustee's business from funds in this case as they become available for distribution.
 - g. No adequate protection payment to a creditor who is listed in the plan as a secured creditor shall be required until a proof of claim is filed by such creditor which complies with Rule 3001 of the Federal Rules of Bankruptcy Procedure.
 - h. The Trustee shall not be required to make pre-confirmation adequate protection payments on account of any claim in which the collateral for such claim is listed in the plan as having a value of less than \$2,000.00.
 - i. The names, addresses and account numbers for each secured creditor entitled to receive a pre-confirmation adequate protection payment as set forth on Schedule D filed in this case are incorporated herein, as if set forth herein at length.
 - Adequate protection payments shall continue until all unpaid Debtor's Attorney's fees are paid in full.

16. Interest on Secured Claims:

- a. Arrearage: No interest shall accrue on any arrearage claim.
- b. Secured Debts Paid at FMV: The lesser of Trustee's interest rate (set pursuant to *In re Till*) and the contract interest rate.
- c. Secured Debts Paid in Full:
 - i. Regarding "910 vehicle" claims: Pursuant to 11 U.S.C. §1322, interest only to the extent that the value, as of the effective date of the plan (hereinafter the "Time Value"), of the motor vehicle exceeds the amount of the claim. The Time Value shall be the total of the payments to amortize the FMV of the motor vehicle, defined as 90% of the N.A.D.A. Retail, at the Trustee's interest rate over the total length of the Chapter 13 plan.
 - ii. All other secured claims: The lesser of the Trustee's interest rate and the contract interest rate.
- 17. **Debtor's Attorney's Fees**: In the event that the Trustee has, at the time of Confirmation, funds in excess of any amounts necessary to make adequate protection payments to holders of allowed secured claims for personal property, specifically excluding payments for real property due between the filing of the petition and Confirmation, all such funds shall be paid towards unpaid Debtor's Attorney's fees.
- 18. Non-Vesting: Property of the estate shall NOT re-vest in the Debtor upon confirmation of the Chapter 13 plan.
- 19. **Real Estate Taxes** Real estate taxes that are paid by the Debtor through an escrow account as part of any direct mortgage payment, or as part of a conduit payment made by the Trustee, shall continue to be paid by the Debtor through such escrow account and shall be disbursed by the servicer from such escrow account. They shall not be made separately by the Trustee.
- 20. <u>Transfer of Mortgage Servicing</u>: Pursuant to 12 U.S.C. § 2605(f), in the event that the mortgage servicing for any of the Debtor's mortgages is transferred during this case, notice of such transfer of service shall be provided to the Debtor, the Debtor's Attorney and

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the Chapter 13 Trustee within thirty (30) days. Such notice shall include the identity of the new servicer, the address and a toll-free telephone number for the new servicer, instructions on whom to contact with authority regarding such servicing, and the location where the transfer of mortgage servicing is recorded.

- 21. <u>401K Loans</u>: Upon payment in full of a 401K plan loan, the Debtor shall increase Debtor's 401K plan contributions by an amount equal to the amount that was being paid on said 401K loan.
- 22. <u>Non-Disclosure of Personal Information</u>: Pursuant to NCGS 75-66 and other state and federal laws, the Debtor objects to the disclosure of any personal information by any party, including without limitations, all creditors listed in the schedules filed in this case.

23. Other provisions of plan (if any): See "OTHER PROVISIONS" section.

Definitions

LTD: Long Term Debt and refers to both: (1) Debts which cannot be modified due to 11 U.S.C. § 1322(b)(2), and (2) Debts where

modification in the plan will not result in a payment lower than the contract payment.

STD: Short Term Debt and refers to debts where the months left on the contract are less than or equal to 60 months.

Retain: Means the Debtor intends to retain possession and/or ownership of the collateral securing a debt.

910: Means and refers to the purchase money security interest portion of a claim secured by a motor vehicle, where the motor

vehicle was acquired within 910 days before the filing of the bankruptcy case for the personal use of the Debtor.

Sch D #: References the number of the secured debt as listed on Schedule D.

Int. Rate: Means Interest Rate to be paid a secured claim.

Dated: 7/31/17

s/ Anna Louise Deese

Anna Louise Deese

(rev. 7/19/16)

UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA **DURHAM DIVISION**

In Re: Anna Louise Deese		Case No.
Social Security No.: xxx-xx-0993		Chapter 13
Address: 168 Woodberry Forest Road, Pittsboro, NC 27312		
	Debtor.	

Below Median Income Disposable Income Calculation Schedule I Income CMI Income (Before Marital Adjustment) \$ 424.48 Minus \$ 2,197.48 (Form 22C-1, line 11) **Schedule I Expenses** (Sch. I, line 12) Minus **Child Support received** 0.00 (1st column) (Sch. I, line 8c) **Child Support received** 0.00 (2nd column) (Sch. I, line 8c) **Schedule I expenses** 165.00 (1st column)(Sch. I, line 6) Schedule I expenses 0.00 (2nd column)(Sch. I, line 6) Schedule J expenses (Including proposed plan 2,197.48 payment) Schedule J expenses (Sch. J, line 23b) (Including proposed plan 2,197.48 Difference between plan payment) (Sch. J, line 23b) -25.00 payment averaged over 36 months and actual plan payment **Equals Means Test** Equals Actual Disposable \$ -1,913.00 \$ 0.00 **Income:** (Sch. J, line 23c)

(edocs rev. 10/25/16)

Derived Disposable Income:

	CH. 13 PLAN -				Y4-	Date: 7/13/1	
	(MIDDLE DISTRICT				Lastnar	20050	
	RETAIN COLLATERAL & 1	PAY DIREC	T OUTSIDE PLAN	N		SURRENDER C	OLLATERAL
	Creditor Name	Sch D#	Description of C	ollateral	Credi	tor Name	Description of Collateral
	BB&T	1	House and Lan	d			
Ketain							
K							
	ARREARAGE CLAIMS				REJEC	CTED EXECUTORY	CONTRACTS/LEASES
	Creditor Name	Sch D#	Arrearage Amount	(See †)	Credi	tor Name	Description of Collateral
			Amount	**		All Arbitration	n Provisions
				**			
				**			
Ketain				**			
Ke				**			
				**			
				**			
				**			
				**			
	LTD - DOT ON PRINCIPAL RES	SIDENCE &		ERM DEB			
	Creditor Name	Sch D#	Monthly Contract Amount	Int. Rate	Adequate Protection	Minimum Equal Payment	Description of Collateral
n				N/A	n/a		
Retain				N/A	n/a		
				N/A	n/a		
				N/A	n/a		
	STD - SECURED DEBTS @ FMV						
	Creditor Name	Sch D#	FMV	Int. Rate	Adequate	Minimum	Description of Collateral
	BB&T	1	\$0	5.50	Protection	Equal Payment \$0.00	Judgment 2016CVD700
Retain	BB&T	1	\$0	5.50		\$0.00	Judgment 2017CVD196
R				5.50			<u> </u>
				5.50			
s	TD - SECURED DEBTS @ 100%			5.50			
s		Sch D #	Payoff		Adequate	Minimum	Description of Collateral
S	TD - SECURED DEBTS @ 100% Creditor Name	Sch D#	Payoff Amount	Int. Rate	Adequate Protection	Minimum Equal Payment	Description of Collateral
		Sch D#		Int. Rate	_		Description of Collateral
		Sch D#		Int. Rate 5.50 5.50	_		Description of Collateral
		Sch D#		Int. Rate	_		Description of Collateral
		Sch D#		Int. Rate 5.50 5.50 5.50	_		Description of Collateral
Retain	Creditor Name	Sch D#	Amount	Int. Rate 5.50 5.50 5.50 5.50 5.50	Protection	Equal Payment	
Retain	Creditor Name CORNEY FEE (Unpaid part)	Sch D#	Amount	Int. Rate 5.50 5.50 5.50 5.50 5.50	Protection PROPOSED C	Equal Payment HAPTER 13	PLAN PA YMENT
Retain	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C.	Sch D#	Amount Amount \$2,500	Int. Rate 5.50 5.50 5.50 5.50 5.50	Protection	Equal Payment	
La Retain	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. CURED TAXES	Sch D#	Amount	Int. Rate 5.50 5.50 5.50 5.50 5.50 \$ 5.50	Protection PROPOSED C	Equal Payment HAPTER 13 per month for	PLAN PAYMENT 3 months, then
La Retain	Creditor Name CORNEY FEE (Unpaid part) w Offices of John T. Orcutt, P.C. CURED TAXES S Tax Liens		Amount Amount \$2,500	Int. Rate 5.50 5.50 5.50 5.50 5.50	Protection PROPOSED C	Equal Payment HAPTER 13	PLAN PA YMENT
Retain Retain	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. FURED TAXES S Tax Liens Full Property Taxes on Retained Realt		Amount Amount \$2,500	Int. Rate 5.50 5.50 5.50 5.50 5.50 \$ 5.50	Protection PROPOSED C 50 100	Equal Payment CHAPTER 13 per month for per month for	PLAN PAYMENT 3 months, then 33 months.
La Retain Retain Retain	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. FURED TAXES S Tax Liens al Property Taxes on Retained Realt SECURED PRIORITY DEBTS		Amount Amount \$2,500 Secured Amt	Int. Rate 5.50 5.50 5.50 5.50 5.50 \$ 5.50	Protection PROPOSED C 50 100	Equal Payment CHAPTER 13 per month for per month for	PLAN PAYMENT 3 months, then 33 months.
LATA Retain RAI	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. FURED TAXES S Tax Liens Full Property Taxes on Retained Realt		Amount Amount \$2,500 Secured Amt	Int. Rate 5.50 5.50 5.50 5.50 5.50 \$ 5.50	Protection ROPOSED C 50 100 Adec	Equal Payment CHAPTER 13 per month for per month for	PLAN PAYMENT 3 months, then 33 months.
La Ketain Rectain Rect	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. CURED TAXES S Tax Liens al Property Taxes on Retained Realt ECURED PRIORITY DEBTS S Taxes ate Taxes		Amount Amount \$2,500 Secured Amt	Int. Rate 5.50 5.50 5.50 5.50 5.50 \$ 5.50	Protection ROPOSED C 50 100 Adec	Equal Payment CHAPTER 13 per month for per month for quate Protection Pay on payments shall	PLAN PAYMENT 3 months, then 33 months. ment Period nonths or until the attorney
La Reguns IR Sta Pe	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. CURED TAXES S Tax Liens al Property Taxes on Retained Realt SECURED PRIORITY DEBTS S Taxes		Amount Amount \$2,500 Secured Amt	Int. Rate 5.50 5.50 5.50 5.50 5.50 \$ \$ Codes:	Protection PROPOSED C 50 100 Adequate Protection	Equal Payment CHAPTER 13 per month for per month for quate Protection Pay on payments shall	PLAN PAYMENT 3 months, then 33 months. ment Period 31 months or until the attorney fee is paid.
La Sta Ree Sta Pee Al	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. CURED TAXES S Tax Liens all Property Taxes on Retained Realt ECURED PRIORITY DEBTS S Taxes ate Taxes rsonal Property Taxes		Amount Amount \$2,500 Secured Amt	Int. Rate 5.50 5.50 5.50 5.50 5.50 \$ \$ Codes: Sch D #	Protection PROPOSED C 50 100 Adequate Protectic continue for the second co	Equal Payment CHAPTER 13 per month for per month for quate Protection Pay on payments shall r approximately:	PLAN PAYMENT 3 months, then 33 months. ment Period B1 months or until the attorney fee is paid.
Laa SECC IR Result IR Sta Pee Al	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. CURED TAXES S Tax Liens al Property Taxes on Retained Realt SECURED PRIORITY DEBTS S Taxes ate Taxes rsonal Property Taxes imony or Child Support Arrearage	y	Amount \$2,500 Secured Amt	Int. Rate 5.50 5.50 5.50 5.50 5.50 \$ Codes: Sch D # Adequa	Protection PROPOSED C 50 100 Adequate Protectic continue for the second co	per month for per month for per month for payments shall r approximately: secued debt as listed only 'Adequate Protection	PLAN PAYMENT 3 months, then 33 months. ment Period B1 months or until the attorney fee is paid.
La Stain Retain	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. CURED TAXES S Tax Liens EL Property Taxes on Retained Realt SECURED PRIORITY DEBTS S Taxes ate Taxes rsonal Property Taxes imony or Child Support Arrearage SIGN PROTECT (Pay 100%)	y Int.%	Amount \$2,500 Secured Amt	Int. Rate	Protection PROPOSED C 50 100 Adequate Protectic continue for the terrotection = Month vinclude up to 3 post-	per month for per month for per month for payments shall r approximately: secued debt as listed only 'Adequate Protection	PLAN PAYMENT 3 months, then 33 months. ment Period 31 months or until the attorney fee is paid. on Schedule D. on' payment amt.
Laa	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. CURED TAXES S Tax Liens all Property Taxes on Retained Realt SECURED PRIORITY DEBTS S Taxes ate Taxes ate Taxes ate Taxes into Taxes in	y Int.%	Amount \$2,500 Secured Amt Amount	Int. Rate	Protection PROPOSED C 50 100 Adequate Protectic continue for the terrotection = Month vinclude up to 3 post-	per month for per month for per month for per month shall r approximately: secued debt as listed only 'Adequate Protection petition payments. so designated on the	PLAN PAYMENT 3 months, then 33 months. ment Period 31 months or until the attorney fee is paid. on Schedule D. on' payment amt.
La Stee All (CO-S	Creditor Name CORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. CURED TAXES S Tax Liens Fal Property Taxes on Retained Realt SECURED PRIORITY DEBTS S Taxes ate Taxes Interpret Taxe	y Int.%	Amount Amount \$2,500 Secured Amt Amount Amount	Int. Rate	Protection PROPOSED C 50 100 Adequate Protection continue for the protection = Month include up to 3 post- gn protect on all debts reater of DMI x ACP	per month for per month for per month for per month shall r approximately: secued debt as listed only 'Adequate Protection petition payments. so designated on the	PLAN PAYMENT 3 months, then 33 months. ment Period B1 months or until the attorney fee is paid. on Schedule D. on' payment amt. filed schedules. (Page 4 of 4)

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Fill in this information t	to identify you	r case:			
Debtor 1 Anr	na Louise De	ese			
First 1	Name	Middle Name Last Name	е	_	
Debtor 2 (Spouse if, filing) First N	Name	Middle Name Last Name	e	-	
United States Bankruptc	y Court for the:	MIDDLE DISTRICT OF NORTH CAROL	INA (NC EXEMPTIONS)	-	
Case number					
(if known)				_	if this is an
				amend	ded filing
Official Form 106	SD .				
Schedule D: C	_ reditors	Who Have Claims Secur	red by Propert	:V	12/15
Be as complete and accura	ite as possible. If	f two married people are filing together, both a out, number the entries, and attach it to this for	re equally responsible for s	upplying correct informa	
1. Do any creditors have cla	aims secured by	your property?			
☐ No. Check this bo	x and submit th	is form to the court with your other schedule	s. You have nothing else	to report on this form.	
Yes. Fill in all of the	ne information b	pelow.			
Part 1: List All Secur	red Claims				
		nore than one secured claim, list the creditor separ	Column A	Column B	Column C
for each claim. If more than	one creditor has	a particular claim, list the other creditors in Part 2. al order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
2.1 BB&T ******		Describe the property that secures the claim:	\$15,008.00	\$149,610.60	\$2,251.16
Creditor's Name		168 Woodberry Forest Road			
Attn: Bankruptc	y	Pittsboro, NC 27312 Chatham			
Managing Agen		County			
Post Office Box	-	As of the date you file, the claim is: Check all the apply.	at		
Wilson, NC 2789	94	☐ Contingent			
Number, Street, City, Stat	te & Zip Code	Unliquidated			
Who owes the debt? Che	eck one	Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only	ock one.	☐ An agreement you made (such as mortgage of	or secured		
Debtor 2 only		car loan)	0004.04		
Debtor 1 and Debtor 2 or	nlv	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At least one of the debto	=	Judgment lien from a lawsuit	,		
☐ Check if this claim rela	tes to a	Other (including a right to offset)			
community debt					
Date debt was incurred	03/2017	Last 4 digits of account number D1	96		
2.2 BB&T ******		Describe the property that secures the claim:	\$13,105.00	\$149,610.60	\$0.00
Creditor's Name		168 Woodberry Forest Road			
Attn: Bankruptc	v	Pittsboro, NC 27312 Chatham			
Managing Agen		As of the date you file, the claim is: Check all that			
Post Office Box		apply.	at		
Wilson, NC 2789	94	☐ Contingent			
Number, Street, City, Stat	te & Zip Code	Unliquidated			
Who owes the debt? Che	ack one	Disputed Nature of lien. Check all that apply.			
_	JON UHG.	☐ An agreement you made (such as mortgage of	or secured		
■ Debtor 1 only □ Debtor 2 only		car loan)	o ocourou		
Debtor 1 and Debtor 2 or	nly	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At least one of the debto		Judgment lien from a lawsuit	''',		
☐ Check if this claim rela		Other (including a right to offset)			
community debt	to u	other (meaning a right to offset)			
Date debt was incurred	02/2017	Last 4 digits of account number D7	00		

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Debtor 1 Anna Louise Deese		Case number (if know)					
First Name Middle N	lame Last Name		-				
2.3 BB&T Mortgage***	Describe the property that secures the claim	n: \$122,376.00	\$149,610.60	\$0.00			
Creditor's Name	168 Woodberry Forest Road						
	Pittsboro, NC 27312 Chatham						
Attn: Managing Agent	As of the date you file, the claim is: Check all t	that					
Post Office Box 2027	apply.	uiat					
Greenville, SC 29602	Contingent						
Number, Street, City, State & Zip Code	Unliquidated						
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.						
■ Debtor 1 only	☐ An agreement you made (such as mortgage	e or secured					
Debtor 2 only	car loan)						
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's I	lien)					
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	,					
☐ Check if this claim relates to a	Other (including a right to offset)	eed of Trust					
community debt	· · · · · · · · · · · · · · · · · · ·						
09/12/2012							
to		005					
Date debt was incurred 06/05/2017	Last 4 digits of account number 1	625					
2.4 Chatham County Tax Administrator	Describe the property that secures the claim	n: \$1,372.76	\$149,610.60	\$0.00			
Creditor's Name	168 Woodberry Forest Road	<u> </u>		<u> </u>			
	Pittsboro, NC 27312 Chatham						
	County						
Post Office Box 908	As of the date you file, the claim is: Check all tapply.	that					
Pittsboro, NC 27312	☐ Contingent						
Number, Street, City, State & Zip Code	☐ Unliquidated						
	☐ Disputed						
Who owes the debt? Check one.	Nature of lien. Check all that apply.						
Debtor 1 only	☐ An agreement you made (such as mortgage car loan)	e or secured					
Debtor 2 only							
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's I	lien)					
At least one of the debtors and another	Judgment lien from a lawsuit	Proporty Toyon Included	In Ecorow				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Property Taxes - Included	III ESCIOW				
Date debt was incurred	Last 4 digits of account number						
Add the dollar value of your entries in C	Column A on this page. Write that number here	s \$151,861.°	76				
If this is the last page of your form, add		· ·					
Write that number here:		\$151,861.	70				
Part 2: List Others to Be Notified for	or a Debt That You Already Listed						
	be notified about your bankruptcy for a debt th	at you already listed in Part 1. Fo	or example, if a collection	agency is			
trying to collect from you for a debt you of than one creditor for any of the debts that	owe to someone else, list the creditor in Part 1, t you listed in Part 1, list the additional credito	, and then list the collection agen	ncy here. Similarly, if you h	nave more			
debts in Part 1, do not fill out or submit th	nis page.						
Name, Number, Street, City, State &	Zip Code	On which line in Port 1 did you anter	r the graditor? 21				
Smith Debnam Narron Dral		On which line in Part 1 did you ente	the creditor?				
& Myers, L.L.P	_	_ast 4 digits of account number					
Post Office Box 26268							
Raleigh, NC 27611-6268							

Official Form 106D

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Debtor 1	Anna Louise	Deese		Case number (if know)
	First Name	Middle Name	Last Name	
Sr & Po				On which line in Part 1 did you enter the creditor? Last 4 digits of account number

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				Ü		
Fill in this infor	rmation to identify your cas	e:				
Debtor 1	Anna Louise Deese					
Debtor 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the: M	IDDLE DISTRICT	OF NORTH CAROLINA (NC E	XEMPTIONS)		
Case number						
(if known)					☐ Check	if this is an
					amen	ded filing
Official For	m 106E/E					
						40/45
	E/F: Creditors Who		CUREG CIAIMS h PRIORITY claims and Part 2 fo			12/15
Schedule D: Cred	itors Who Have Claims Secured on tinuation Page to this page. If	by Property. If more	m 106G). Do not include any cre e space is needed, copy the Part ation to report in a Part, do not f	you need, fill it out, i	number the entries	in the boxes on the
Part 1: List A	All of Your PRIORITY Unsec	ured Claims				
1. Do any credi	tors have priority unsecured cla	aims against you?				
☐ No. Go to	Part 2.					
Yes.						
identify what t possible, list t	ype of claim it is. If a claim has bo	oth priority and nonprion of the creditor	an one priority unsecured claim, lis prity amounts, list that claim here a 's name. If you have more than tw creditors in Part 3.	nd show both priority a	nd nonpriority amour	nts. As much as
(For an explai	nation of each type of claim, see t	he instructions for this	form in the instruction booklet.)			
				Total claim	Priority amount	Nonpriority amount
Chatha	am County Tax					
2.1 Admin	istrator	Last 4 digit	s of account number	\$0.00	\$0.00	\$0.00
,	Creditor's Name	When was	he debt incurred?			
	oro, NC 27312	Wileli was	ine debt incurred:			
	Street City State Zlp Code	As of the da	te you file, the claim is: Check a	II that apply		
Who incurre	ed the debt? Check one.	☐ Continge	nt			
Debtor 1	only	☐ Unliquida	ated			
Debtor 2	only	☐ Disputed				
Debtor 1	and Debtor 2 only	•	ORITY unsecured claim:			
	one of the debtors and another	☐ Domesti	support obligations			
	this claim is for a community	debt Taxes ar	nd certain other debts you owe the	government		
	subject to offset?	_	or death or personal injury while yo	•		
■ No	-	☐ Other. S	pecify			
☐ Yes		_ 30 0	Notice Purposes O	nly		=

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De	Anna Louise Deese	Case number	(if know)		
2.2		Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name Post Office Box 7346	When was the debt incurred?			
	Philadelphia, PA 19101-7346 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that ap	ply		
	Who incurred the debt? Check one.	☐ Contingent	1,7		
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	Disputed			
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the governm	nent		
	Is the claim subject to offset?	☐ Claims for death or personal injury while you were in			
	■ No	☐ Other. Specify			
	Yes	Notice Purposes Only			
2.3	Law Offices of John T. Orcutt Priority Creditor's Name	Last 4 digits of account number	\$2,500.00	\$2,500.00	\$0.00
	6616-203 Six Forks Road Raleigh, NC 27615	When was the debt incurred? 2017			
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that ap	pply		
	Who incurred the debt? Check one.	☐ Contingent			
	■ Debtor 1 only	☐ Unliquidated			
	☐ Debtor 2 only	☐ Disputed			
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	\square At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Taxes and certain other debts you owe the governn☐ Claims for death or personal injury while you were in			
	■ No	■ Other. Specify Administrative Expenses			
	Yes	Legal Services Rendered			
2.4	North Carolina Dept. of Revenue**	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name Post Office Box 1168	When was the debt incurred?	Ψοίου .		Ψ0.00
	Raleigh, NC 27602-1168 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that ap	vlac		
	Who incurred the debt? Check one.	☐ Contingent	1,7		
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the governm			
	Is the claim subject to offset?	☐ Claims for death or personal injury while you were in			
	■ No				
	Yes	Notice Purposes Only			
Pa	rt 2: List All of Your NONPRIORITY Unsec	ured Claims			
3.	Do any creditors have nonpriority unsecured clair	ns against you?			
	\square No. You have nothing to report in this part. Submit	this form to the court with your other schedules.			
	■ Yes.				
4.	unsecured claim, list the creditor separately for each of	e alphabetical order of the creditor who holds each cla laim. For each claim listed, identify what type of claim it is r creditors in Part 3.If you have more than three nonpriority	. Do not list claims	s already included in Part	t 1. If more

Total claim

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Debte	or 1 Anna Louise Deese	Case number (if know)	
4.1	.IMPORTANT NOTICE:	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name See notice re: creditor claims set forth on Schedule A	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only		
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	BB&T ******	Last 4 digits of account number 1395	\$1,861.00
	Nonpriority Creditor's Name Attn: Bankruptcy Managing Agent	When was the debt incurred? 02/15/2000 to 06/19/2017	
	Post Office Box 1847 Wilson, NC 27894	When was the dept incurred: 02/13/2000 to 00/13/2017	
	Number Street City State Zlp Code		
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only		
	☐ Debtor 1 and Debtor 2 only		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
		Line of Credit	
		All Possible Obligations	
	☐ Yes	Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED	
4.3	Citibank	Last 4 digits of account number	\$2,394.46
	Nonpriority Creditor's Name Customer Service Box 6500	When was the debt incurred?	
	Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
		Collection Account All Possible Obligations Disputed re: amt, int, fees, ownership, etc.	
	Yes	Other. Specify NOT ADMITTED	

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Debtor	1 Anna Louise Deese	Case number (if know)				
4.4	Megerian & Wells Nonpriority Creditor's Name	Last 4 digits of account number	\$523.75			
	Attorneys at Law 175 East Salisbury Street Asheboro, NC 27203	When was the debt incurred?				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Services Rendred All Possible Obligations Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED				
4.5	Sears Mastercard	Last 4 digits of account number 2545	\$1,048.63			
	Nonpriority Creditor's Name Post Office Box 6282 Sioux Falls, SD 57117-6282	When was the debt incurred?				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Credit/Charge Account Purchases All Possible Obligations Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED				

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Debtor 1 Anna Louise Deese		Case number (if know)					
4.6	Synchrony Bank (Care Credit)	Last 4 digits of account number	4236	Unknown			
	Nonpriority Creditor's Name Attn. Bankruptcy Dept Post Office Box 965061 Orlando, FL 32896-5061	When was the debt incurred?	12/19/2014 to 12/26/2016				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	ng plans, and other similar debts					
	☐ Yes	All Possibl	rge Account Purchases e Obligations e: amt, int, fees, ownership, etc. TTED				
4.7	Synchrony Bank (Lowe's)	Last 4 digits of account number	4236	Unknown			
	Nonpriority Creditor's Name Atttn. Bankruptcy Dept Post Office Box 965060 Orlando, FL 32896-5060	When was the debt incurred?	12/16/2014 to 12/2/2016				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	□Yes	All Possibl	rge Account Purchases e Obligations e: amt, int, fees, ownership, etc. TTFD				

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Debtor	1 Anna Louise Deese	Case number (if know)				
4.8	Synchrony Bank***	Last 4 digits of account number	\$2,095.00			
	Nonpriority Creditor's Name ATTN: Bankruptcy Dept. Post Office Box 965061 Orlando, FL 32896-5061	When was the debt incurred?				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Credit/Charge Account Purchases All Possible Obligations Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED				
4.9	Synchrony Bank***	Last 4 digits of account number 7449	\$2,696.00			
	Nonpriority Creditor's Name ATTN: Bankruptcy Dept. Post Office Box 965061 Orlando, FL 32896-5061	When was the debt incurred?				
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Credit/Charge Account Purchases All Possible Obligations Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED				

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Debt	or 1 Anna Louise Deese	Case number (if know)	
4.1	Tractor Supply Credit Plan	Last 4 digits of account number 1878	\$2,394.46
	Nonpriority Creditor's Name Post Office Box 6403 Sioux Falls, SD 57117-6403	When was the debt incurred?	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Credit/Charge Account Purchases All Possible Obligations Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED	_
4.1 1	UNC Health Care**	Last 4 digits of account number	\$35.00
	Nonpriority Creditor's Name Patient Financial Services 200 Eastowne Drive	When was the debt incurred?	_
	Chapel Hill, NC 27514 Number Street City State Zlp Code	As of the date you file the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	□ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Medical Bill All Possible Obligations Disputed re: amt, int, fees, ownership, etc. ■ Other. Specify NOT ADMITTED	
	_ 100	NOT ADMITTED	_
Part	3: List Others to Be Notified About a D	ebt That You Already Listed	
5. Use is to hav	e this page only if you have others to be notified rying to collect from you for a debt you owe to	about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For exam someone else, list the original creditor in Parts 1 or 2, then list the collection agen nat you listed in Parts 1 or 2, list the additional creditors here. If you do not have a	cy here. Similarly, if you
	e and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
	nhardt and Strawser, P.A.	Line 4.10 of (Check one):	
	1 Fairview Road e 100	Part 2: Creditors with Nonpriority Unsecured	d Claims
	rlotte, NC 28209		
		Last 4 digits of account number	
Beri 582' Suit	e and Address nhardt and Strawser, P.A. 1 Fairview Road re 100	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Cl. Part 2: Creditors with Nonpriority Unsecured	
una	rlotte, NC 28209	Last 4 digits of account number	
Name	e and Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
		,	

Official Form 106 E/F

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Debtor 1 Anna Louise Deese		Case number (if know)			
Midland Funding LLC 2365 Northside Drive STE 300 San Diago CA 03108	Line 4.8 of (Check one):	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
San Diego, CA 92108	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
NC Department of Bayesia	Line 2.4 of (Check one):	■ Part 1: Creditors with Priority Unsecured Claims			
for NC Department of Revenue Post Office Box 629 Raleigh, NC 27602-0629		☐ Part 2: Creditors with Nonpriority Unsecured Claims			
Kaleigii, NO 27002-0025	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
U.S. Attorney General	Line 2.2 of (Check one):	■ Part 1: Creditors with Priority Unsecured Claims			
U.S. Department of Justice 950 Pennsylvania Ave. NW Washington, DC 20530-0001		☐ Part 2: Creditors with Nonpriority Unsecured Claims			
washington, DC 2030-0001	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
US Attorney's Office (MD)**	Line 2.2 of (Check one):	■ Part 1: Creditors with Priority Unsecured Claims			
101 S. Edgeworth Street, 4th floor Greensboro, NC 27401		☐ Part 2: Creditors with Nonpriority Unsecured Claims			
01001100010, 110 27 701	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
iloiii i ait i		• •		φ	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	2,500.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	2,500.00
T	6f.	Student loans	6f.	\$	Total Claim 0.00
Total claims					
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	13,048.30
		Total Nonpriority. Add lines 6f through 6i.	6j.	\$	

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Fill in this infor				
Debtor 1				
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	NORTH CAROLINA (NC EXEMPTION	NS)
Case number (if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease ^o Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	,				
	Name				_
	Number	Street			
	City		State	ZIP Code	_

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Fill in this	information to identify you	r case:			
Debtor 1	Anna Louise De	ese			
	First Name	Middle Name	Last Name	-	
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
•	-	MIDDLE DISTRICT OF		C EVEMPTIONS)	
United Sta	tes Bankruptcy Court for the:	WIDDLE DISTRICT OF	NORTH CAROLINA (IN	C EXEMPTIONS)	
Case num	ber				D Observativity in the second
(II KIIOWII)					Check if this is an amended filing
					g
Officia	l Form 106H				
Sched	lule H: Your Cod	debtors			12/15
■ No □ Yes 2. Wittl Arizon ■ No.	you have any codebtors? (If should be should b	ou lived in a community pr a, Nevada, New Mexico, Pu	operty state or territor erto Rico, Texas, Wash	y? (Community property	states and territories include
in line Form out Co	2 again as a codebtor only	if that person is a guaran al Form 106E/F), or Sched	tor or cosigner. Make	sure you have listed th 16G). Use Schedule D, S	with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill ditor to whom you owe the debt is that apply:
3.1				Schedule D, line	
	Name			☐ Schedule E/F, li	
				☐ Schedule G, line	·
	Number Street City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			Schedule E/F, li	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to identify your ca	ise:								
	otor 1 Anna Louise									
	otor 2				_					
Uni	ted States Bankruptcy Court for the	MIDDLE DISTRICT O EXEMPTIONS)	F NORTH CAROLIN	IA (NC	_					
	se number Jown)					□ A		ed filing ent showin	ng postpetition ollowing date:	
0	fficial Form 106I					N	IM / DD/ Y	YYY		
S	chedule I: Your Inco	ome								12/15
sup	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. On the complex	are married and not filir r spouse is not filing wi	ng jointly, and your th you, do not inclu	spouse i ide inforr	s liv nati	ing with on about	you, incl	ude inforr ouse. If m	mation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	iling spouse	
	If you have more than one job,	Employment status	☐ Employed			☐ Employed				
	attach a separate page with information about additional employers.	Occupation	■ Not employed				☐ Not employed			
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed th	nere?				_			
Par	Give Details About Mon	thly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If y	you have nothing to	report for	any	line, write	\$0 in the	space. In	clude your no	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		embine the information	on for all e	mpl	oyers for	that perso	on on the li	ines below. If	you need
						For Del	otor 1		btor 2 or ing spouse	
2.	List monthly gross wages, salar deductions). If not paid monthly, or			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	e 2 + line 3.		4.	\$		0.00	\$	N/A	

Deb	tor 1	Anna Louise Deese	-	C	Case number (if	known)	-			
					For Debtor 1		nor	Debtor	pouse	
	Cop	by line 4 here	4.		\$	0.00	\$_		N/A	<u>-</u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$ 5	5.00	\$		N/A	ı
	5b.	Mandatory contributions for retirement plans	5b).	\$	0.00	\$		N/A	<u> </u>
	5c.	Voluntary contributions for retirement plans	5c		\$	0.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$	0.00	\$_		N/A	_
	5e.	Insurance	5e			0.00	\$_		N/A	_
	5f.	Domestic support obligations	5f.		\$	0.00	\$_		N/A	_
	5g. 5h.	Union dues Other deductions. Specify:	5g 5h	,	\$	0.00	+ \$-		N/A N/A	_
6			_		. — —		· -			_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		·	5.00	\$_		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	5.00	\$_		N/A	<u>-</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	.	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$	0.00	\$ -		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce					· <u> </u>			_
		settlement, and property settlement.	8c		\$	0.00	\$_		N/A	_
	8d.	Unemployment compensation	8d		\$	0.00	\$_		N/A	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e) .	\$1,93	8.00	\$_		N/A	_
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	0.00	\$		N/A	
	8g.	Pension or retirement income	— 8g		·	24.48	\$-		N/A	_
	8h.	Other monthly income. Specify:	8h		\$	0.00	+ \$		N/A	_
_			_							
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,36	2.48	\$_		N/	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,197.48	+ \$		N/A	= \$	2,197.48
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-	_,				' -	2,101110
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe				•	Schedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	2,197.48 ned
13.	Do :	you expect an increase or decrease within the year after you file this form	?							ly income
	П	Yes. Explain:								

Official Form 106I Schedule I: Your Income page 2

Fill in	n this informa	ation to identify yo	ur case:					
Debte	or 1	Anna Louise	Deese			Chec	k if this is:	
Debte	or 2					_	An amended filing A supplement show	wing postpetition chapter
(Spo	use, if filing)				_			the following date:
Unite	ed States Bank	ruptcy Court for the:		E DISTRICT OF NORTH C PTIONS)	AROLINA (NC	=	MM / DD / YYYY	
Case (If kn	e number lown)							
		orm 106J						
		J: Your I						12/
infor num Part	rmation. If mathematical intermediate in the mathematical intermediate intermediate in the mathematical intermediate in the mathematical intermediate in the mathematical intermediate in the mathemat	nore space is ned vn). Answer ever ribe Your House	eded, atta y questio	. If two married people ar ich another sheet to this n.				
1.	Is this a join							
	■ No. Go to	o line 2. es Debtor 2 live i	n a separ	ate household?				
		lo		al Form 106J-2, Expenses	for Separate House	hold of Deb	or 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes
	·							□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
3.	Do your ov	penses include	_					☐ Yes
J.	expenses o	of people other the dyour depender	nan _	No Yes				
expe	mate your e	a date after the b	ur bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the v		h assistance and		government assistance it cluded it on <i>Schedule I: Y</i>			Your exp	enses
4.		or home owners		uses for your residence. In or lot.	nclude first mortgage	4. \$		801.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		erty, homeowner's				4b. \$		0.00
		e maintenance, re eowner's associat		upkeep expenses dominium dues		4c. \$ 4d. \$		32.00 0.00
5.				our residence, such as ho	me equity loans	5. \$		0.00

b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: Cell Phone Cable Internet Scale Internet Scale Internet Scot Add housekeeping supplies Ahildcare and children's education costs Sciothing, laundry, and dry cleaning Scresonal care products and services Sciothing, laundry, and dry cleaning Scresonal care products and services Scresonal Property Taxes Scresonal Property Taxes Scresonal Property Scresonal P	29.48 50.00 50.00 50.00 50.00 55.00 0.00 33.00 66.00 90.00
a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: Cell Phone Cable Internet ood and housekeeping supplies internet ood and housekeeping supplies of and supplies of and housekeeping supplies of and hous	60.00 60.00 60.00 60.00 60.00 15.00 0.00 33.00 66.00
b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: Cell Phone Cable Internet Scale Internet Scale Internet Scot Add housekeeping supplies Ahildcare and children's education costs Sciothing, laundry, and dry cleaning Scresonal care products and services Sciothing, laundry, and dry cleaning Scresonal care products and services Scresonal Property Taxes Scresonal Property Taxes Scresonal Property Scresonal P	60.00 60.00 60.00 60.00 60.00 15.00 0.00 33.00 66.00
C. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 4 4 4 5 5 5 5 5 5 5	10.00 50.00 50.00 50.00 15.00 0.00 33.00 66.00
Cable	50.00 50.00 50.00 0.00 0.00 33.00 66.00 00.00
Cable Internet	60.00 60.00 5.00 0.00 83.00 66.00
Internet ood and housekeeping supplies ood and housekeeping supplies filtidcare and children's education costs filtidcare and children's education costs filtidcare and children's education costs filtidcare and children's education gersonal care products and services filtidcare and dental expenses flectical and dental expenses flectical and dental expenses floor not include gas, maintenance, bus or train fare. floor not include car payments. floor not include insurance deducted from your pay or included in lines 4 or 20. Sacurance. floor thicklide insurance floor. floor the insurance floor. floor the insurance. Specify: floor. floor of the insurance. Specify: floor. floor of the insurance. floor. floo	50.00 5.00 0.00 33.00 66.00 00.00
ood and housekeeping supplies	3.00 0.00 33.00 66.00 00.00
childcare and children's education costs clothing, laundry, and dry cleaning ersonal care products and services 10. \$ 10. \$ 30. \$ 10. \$ 10. \$ 30. \$ 10. \$ 10. \$ 10. \$ 30. \$ 1	0.00 33.00 66.00 00.00
Retrievable contributions and services 10. \$ 3. \$ 10. \$ 3. \$ 10. \$ 10. \$ 3. \$ 10. \$	33.00 66.00 00.00
ledical and dental expenses 10. \$ 33 ledical and dental expenses 11. \$ 100 ransportation. Include gas, maintenance, bus or train fare. to not include car payments. tharitable contributions and religious donations surrance. to not include insurance deducted from your pay or included in lines 4 or 20. 5a. Life insurance 5b. Health insurance 5c. Vehicle insurance 5c. Vehicle insurance. Specify: 3aves. Do not include taxes deducted from your pay or included in lines 4 or 20. 5a. Life insurance 5b. Health or insurance 5c. Vehicle insurance 5c. Vehicle insurance 5c. Vehicle insurance. Specify: 3aves. Do not include taxes deducted from your pay or included in lines 4 or 20. specify: Personal Property Taxes 5c. Vehicle as payments: 7a. Car payments for Vehicle 1 7b. Car payments for Vehicle 1 7c. Other. Specify: 7d. Other. Specify: 8d. Suppose that you did not report as educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 8d. Suppose the property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 7d. One. Mortgages on other property 20a. \$ 7d. Real estate taxes 20b. \$ 20c. Property, homeowner's, or renter's insurance	6.00 00.00
Indedical and dental expenses ransportation. Include gas, maintenance, bus or train fare. Include gas, maintenance, bus or train fare. Include car payments. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Include car payments. Include car payments. Include insurance, countributions and religious donations Include insurance deducted from your pay or included in lines 4 or 20. Include insurance deducted from your pay or included in lines 4 or 20. Include insurance Include I	00.00
Indedical and dental expenses ransportation. Include gas, maintenance, bus or train fare. Include gas, maintenance, bus or train fare. Include car payments. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. Include car payments. Include car payments. Include insurance, countributions and religious donations Include insurance deducted from your pay or included in lines 4 or 20. Include insurance deducted from your pay or included in lines 4 or 20. Include insurance Include I	00.00
transportation. Include gas, maintenance, bus or train fare. In not include car payments. In not include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books Intertainment clubs, section included in lines 4 or 20. Intertainment clubs, recreation, newspapers, magazines, and books Intertainment clubs, recreation, newspapers, magazines, and books Intertainment clubs, recreation, newspapers, magazines, and books Intertainment clubs, recreation, recreation, newspapers, magazines, and books Intertainment clubs, and books Intertainment clubs, recreation, recreation, newspapers, magazines, and books Intertainment clubs, and books Intertainment clubs, recreation lines 4 or 20. Intertainment clubs,	
to not include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books Isharitable contributions and religious donations Isharitable contributions Islaritable contribution Islaritable contribution I	0.00
Intertainment, clubs, recreation, newspapers, magazines, and books Isharitable contributions and religious donations Isurance. Iso not include insurance deducted from your pay or included in lines 4 or 20. Isa. Life insurance Isa. Life insurance Isa. S I	
charitable contributions and religious donations 14. \$ Insurance. In not include insurance deducted from your pay or included in lines 4 or 20. It is insurance 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. 15d. \$ 15d.	0.00
Insurance. It is insurance deducted from your pay or included in lines 4 or 20. It is insurance 15a. \$ It is insurance 15b.	0.00
to not include insurance deducted from your pay or included in lines 4 or 20. 5a. Life insurance 5b. Health insurance 5c. Vehicle insurance 5c. Vehicle insurance. Specify: 5d. Other insurance. Specify: 5d. Other insurance. Specify: 5d. Other insurance odducted from your pay or included in lines 4 or 20. The precify: Fersonal Property Taxes 5c. Other specify: Fersonal Property Taxes 5c. Vehicle insurance. Specify: The stallment or lease payments: 7a. Car payments for Vehicle 1 7b. Car payments for Vehicle 2 7c. Other. Specify: 7d. Other specify: 7d. Specify: 7d. Other specify: 7d. Sp	0.00
5a. Life insurance 15a. \$ 5b. Health insurance 15b. \$ 5c. Vehicle insurance 15c. \$ 5c. Vehicle insurance 15c. \$ 5d. Other insurance. Specify: 15d. \$ axes. Do not include taxes deducted from your pay or included in lines 4 or 20. pecify: Personal Property Taxes 16. \$ astallment or lease payments: 7a. Car payments for Vehicle 1 17a. \$ 7b. Car payments for Vehicle 2 17b. \$ 7c. Other. Specify: 17c. \$ 7d. Other. Specify: 17d. \$ our payments of alimony, maintenance, and support that you did not report as educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 8 other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. Oa. Mortgages on other property 20a. \$ 0b. Real estate taxes 20b. \$ 0c. Property, homeowner's, or renter's insurance 20c. \$	
5b. Health insurance	0.00
5c. Vehicle insurance	0.00
5d. Other insurance. Specify: axes. Do not include taxes deducted from your pay or included in lines 4 or 20. pecify: Personal Property Taxes 16. \$ 18. \$ 19. \$ 10.	0.00
axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Apecify: Personal Property Taxes Taxification of lease payments: Taxification of lease payments: Taxification of lease payments for Vehicle 1 Taxification of Vehicle 2 Taxification of Vehicle 1 Taxificati	0.00
pecify: Personal Property Taxes astallment or lease payments: 7a. Car payments for Vehicle 1 7b. Car payments for Vehicle 2 7c. Other. Specify: 7d. Other specify: 7eour payments of alimony, maintenance, and support that you did not report as educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 7ether payments you make to support others who do not live with you. 7epecify: 7eour payments you make to support others who do not live with you. 8epecify: 19. 8ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property, homeowner's, or renter's insurance	0.00
pecify: Personal Property Taxes astallment or lease payments: 7a. Car payments for Vehicle 1 7b. Car payments for Vehicle 2 7c. Other. Specify: 7d. Other specify: 7eour payments of alimony, maintenance, and support that you did not report as educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 7ether payments you make to support others who do not live with you. 7epecify: 7eour payments you make to support others who do not live with you. 8epecify: 19. 8ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 9ether real property, homeowner's, or renter's insurance	
Installment or lease payments: 7a. Car payments for Vehicle 1 7b. Car payments for Vehicle 2 7c. Other. Specify: 7d. Other. Specify: 7d. Specify	0.00
7a. Car payments for Vehicle 1 7b. Car payments for Vehicle 2 7c. Other. Specify: 7d. Specify: 7d. Specify: 7d. Specify: 7d. Other. Specify: 7d. Specify: 7	
7b. Car payments for Vehicle 2 7c. Other. Specify: 7d. S	0.00
7c. Other. Specify: 7d. S	0.00
7d. Other. Specify: four payments of alimony, maintenance, and support that you did not report as educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. Oa. Mortgages on other property Ob. Real estate taxes Oc. Property, homeowner's, or renter's insurance 17d. \$ 18. \$ 19. 20. \$ 20. \$ 20. \$ 20. \$ 20. \$	0.00
Tour payments of alimony, maintenance, and support that you did not report as educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). The payments you make to support others who do not live with you. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not the property The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. The property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Ither payments you make to support others who do not live with you. Ither real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. Inc	0.00
ther payments you make to support others who do not live with you. specify: ther real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. Mortgages on other property Real estate taxes Co. Property, homeowner's, or renter's insurance 19. 20a. \$ 20b. \$ 20c. \$	0.00
pecify:	
Ob. Real estate taxes Oc. Property, homeowner's, or renter's insurance Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$ 20b. \$ 20c. \$	0.00
0a. Mortgages on other property 20a. \$ 0b. Real estate taxes 20b. \$ 0c. Property, homeowner's, or renter's insurance 20c. \$	
0b. Real estate taxes 20b. \$ 0c. Property, homeowner's, or renter's insurance 20c. \$	
0c. Property, homeowner's, or renter's insurance 20c. \$	0.00
	0.00
	0.00
	0.00
	0.00
·	
	0.00
Emergency Expenses +\$ 2	21.00
Calculate your monthly expenses	
Calculate your monthly expenses	40
2a. Add lines 4 through 21.	48
2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	
2c. Add line 22a and 22b. The result is your monthly expenses.	48
Calculate your monthly net income.	
3a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$	7.48
3b. Copy your monthly expenses from line 22c above. 23b\$ 2,19	7.48
3c. Subtract your monthly expenses from your monthly income.	
The result is your <i>monthly net income</i> .	_
	0.00
o you expect an increase or decrease in your expenses within the year after you file this form?	0.00
or example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease bec	0.00
odification to the terms of your mortgage?	
No.	
Yes. Explain here:	

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EIII	in this information to identify your case	·			
	otor 1 Anna Louise Deese				
Der	First Name	Middle Name	Last Name		
	otor 2 use if, filing) First Name	Middle Name	Last Name		
Uni	ted States Bankruptcy Court for the:	DDLE DISTRICT OF	NORTH CAROLINA (NC EXEMPTIONS)		
			,		
	se number own)			☐ Ch	eck if this is an
				am	ended filing
۰.	# 				
	ficial Form 106Sum	l Lighilitian o	nd Cartain Statistical Information		40/45
			nd Certain Statistical Information e are filing together, both are equally responsible for	or suppl	12/15 ving correct
info		rst; then complete t	he information on this form. If you are filing amend		
Par		ounmary and once	in the box at the top of this page.		
rai	Summarize four Assets				
					r assets e of what you own
1.	Schedule A/B: Property (Official Form				440.040.00
	1a. Copy line 55, Total real estate, from	Schedule A/B		\$_	149,610.60
	1b. Copy line 62, Total personal property	, from Schedule A/B.		\$_	5,537.00
	1c. Copy line 63, Total of all property on	Schedule A/B		\$_	155,147.60
Par	t 2: Summarize Your Liabilities				
				You	r liabilities
				Amo	unt you owe
2.	Schedule D: Creditors Who Have Claims 2a. Copy the total you listed in Column A		y (Official Form 106D) the bottom of the last page of Part 1 of Schedule D	\$_	151,861.76
3.	Schedule E/F: Creditors Who Have Unsta 3a. Copy the total claims from Part 1 (pr	ecured Claims (Officia iority unsecured clain	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$_	2,500.00
	3b. Copy the total claims from Part 2 (no	onpriority unsecured of	claims) from line 6j of Schedule E/F	\$_	13,048.30
			Warran and Unit 1981		407.440.00
			Your total liabilities	\$	167,410.06
Par	t 3: Summarize Your Income and Exp	enses			
4.	Schedule I: Your Income (Official Form 1	061)			
			e I	\$_	2,197.48
5.	Schedule J: Your Expenses (Official Ford Copy your monthly expenses from line 2			\$_	2,197.48
Par	4: Answer These Questions for Adn	ninistrative and Stat	tistical Records		
6.	Are you filing for bankruptcy under Cl ☐ No. You have nothing to report on t	• • •	Check this box and submit this form to the court with yo	ur other	schedules.
7.	■ Yes What kind of debt do you have?				
			debts are those "incurred by an individual primarily for 9g for statistical purposes. 28 U.S.C. § 159.	a persor	nal, family, or
	Your debts are not primarily consthe court with your other schedules.		eve nothing to report on this part of the form. Check this	box and	d submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Anna Louise Deese

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

424.48

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this	s information to identify your	case:			
Debtor 1	Anna Louise Dee				
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ling) First Name	Middle Name	Last Name		
	-				
United Sta	ates Bankruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA (NC E	EXEMPTIONS)	
Case num	nber				
(if known)					☐ Check if this is an
					amended filing
<u>Official</u>	Form 106Dec				
Decla	aration About a	n Individual	Debtor's Scl	hedules	12/15
obtaining	file this form whenever you fi money or property by fraud i both. 18 U.S.C. §§ 152, 1341, 1	n connection with a ban			nent, concealing property, or , or imprisonment for up to 20
	Sign Below				
Did y	you pay or agree to pay some	one who is NOT an atto	rney to help you fill out ba	ankruptcy forms?	
	No				
	Yes. Name of person			Attach Bankr	uptcy Petition Preparer's Notice,
				Declaration, a	and Signature (Official Form 119)
	er penalty of perjury, I declare they are true and correct.	that I have read the sum	mary and schedules filed	with this declaration	and
X /	s/ Anna Louise Deese		X		
	Anna Louise Deese		Signature of D	Debtor 2	
=	Signature of Debtor 1		9		
-	Data		Dete		
L	Date July 31, 2017		Date		

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)

In r	re Anna Louise D	Deese		Case No.		
			Debtor(s)	Chapter	13	
	DIS	CLOSURE OF COM	MPENSATION OF ATTOR	NEY FOR DE	BTOR(S)	
1.	compensation paid to	o me within one year before t	P. 2016(b), I certify that I am the attorne the filing of the petition in bankruptcy, colation of or in connection with the bank	or agreed to be paid	to me, for services render	red or to
	For legal service	es, I have agreed to accept		\$	2,500.00	
			ceived		0.00	
	Balance Due			\$	2,500.00	
2.	\$ of the file	ing fee has been paid.				
3.	The source of the cor	mpensation paid to me was:				
	Debtor	☐ Other (specify):				
4.	The source of compe	ensation to be paid to me is:				
	■ Debtor	☐ Other (specify):				
5.	■ I have not agreed	d to share the above-disclose	d compensation with any other person u	inless they are memb	ers and associates of my	law firm.
			ompensation with a person or persons whethen ames of the people sharing in the o			ïrm. A
5.	In return for the above	ve-disclosed fee, I have agree	ed to render legal service for all aspects	of the bankruptcy c	ase, including:	
	b. Preparation and fic. Representation ofd. [Other provisionsExemption	iling of any petition, schedul f the debtor at the meeting of s as needed] n planning, Means Test p	d rendering advice to the debtor in deter les, statement of affairs and plan which is reditors and confirmation hearing, and planning, and other items if specif ocal rule. May include fee paid to	may be required; I any adjourned hear fically included ir	ings thereof;	ontract
7.	Represent any other	tation of the debtors in a	osed fee does not include the following any dischargeability actions, judic and any other items excluded in at	ial lien avoidance		
	each, Jud Class Ceri	gment Search: \$10 each tification: Usually \$8 eac	ole, include such things as: Pace , Credit Counseling Certification: ch, Use of computers for Credit Co al typing assistance regarding cre	Usually \$34 per ounseling briefing	ase, Financial Manaç y or Financial Manag	gement ment
			CERTIFICATION			
this	I certify that the foregon bankruptcy proceeding		nt of any agreement or arrangement for p	payment to me for re	presentation of the debto	or(s) in
,	July 31, 2017		/s/ Koury L. Hicks			
_	Date		Koury L. Hicks 362			-
			Signature of Attorney The Law Offices o		PC	
			6616-203 Six Forks	s Road	-	
			Raleigh, NC 27615 (919) 847-9750 Fa			
			postlegal@johnor			
			Name of law firm			=

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:				
Debtor 1	Anna Louise Deese			
Debtor 2 (Spouse, if filing)				
United States Bankruptcy Court for the:		Middle District of North Carolina (NC Exemptions)		
Case number				

Check	Check as directed in lines 17 and 21:				
According to the calculations required by this Statement:					
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
	3. The commitment period is 3 years.				
	4. The commitment period is 5 years.				

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

aaa.									
Part	1: Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check one of	nly.							
	■ Not married. Fill out Column A, lines 2-11.								
	☐ Married. Fill out both Columns A and B, lines 2-11.								
10 th	II in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6- e 6 months, add the income for all 6 months and divide the total bouses own the same rental property, put the income from that	month peri al by 6. Fill	od would in the re	l be March ' sult. Do not	1 through	h August 31. any income	If the amount m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
						Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and coi	nmissio	ons (befor	re all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paymer	nts from	a spouse	if	\$	0.00	\$	
4.	All amounts from any source which are regularly points of you or your dependents, including child support from an unmarried partner, members of your househo and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3.	t. Include ld, your d	regular epende	r contributi nts, paren	ions nts, not	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1						
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy he	ere -> \$	·	0.00	\$	
6.	Net income from rental and other real property	Debtor							
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	- \$	0.00					_	
	Net monthly income from rental or other real property	\$	0.00	Copy he	ere -> \$;	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (if known)

					Column A Debtor 1		Column B Debtor 2 o	or	
7. In	terest, dividends, and royalties				\$	0.00	\$		
	nemployment compensation				\$	0.00	\$		
	o not enter the amount if you conte e Social Security Act. Instead, list i		was a benefi	t under					
	For you	\$	0.0	00					
	For your spouse	\$							
be	ension or retirement income. Do enefit under the Social Security Act				\$	424.48	\$		
Do re do	come from all other sources not o not include any benefits received ceived as a victim of a war crime, a omestic terrorism. If necessary, list tal below.	under the Social Security Ac a crime against humanity, or	ct or payment international	ts or					
					\$	0.00	\$		
					\$	0.00	\$		
	Total amounts from separat	e pages, if any.		+	\$	0.00	\$		
	alculate your total average mont ach column. Then add the total for			\$	424.48	+ \$_		= \$	424.48
12. C c	opy your total average monthly i alculate the marital adjustment.	ncome from line 11						\$	424.48
	You are not married. Fill in 0 be	low.							
	You are married and your spou	se is filing with you. Fill in 0 b	elow.						
	l You are married and your spou	se is not filing with you.							
	Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expedependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you of							s of you or ur depende	your ents.
	Below, specify the basis for exc adjustments on a separate pag		mount of inco	me de	voted to eac	h purpose	e. If necessary	/, list addit	ional
	If this adjustment does not appl	y, enter 0 below.		Φ.					
				\$ \$					
				+\$					
	Total			\$	0.0	00 c	opy here=>		0.00
14. Y	Your current monthly income. S	ubtract line 13 from line 12.						\$	424.48
15. C	Calculate your current monthly in	ncome for the year. Follow	these steps:						
1	15a. Copy line 14 here=>							\$	424.48
	Multiply line 15a by 12 (the n							X 1	2
1	5b. The result is your current mo	nthly income for the year for	this part of th	e form.				\$	5,093.76

Anna Louise Deese

Debtor 1

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Case number (if known)

16	. Calo	culate	the median family income that applies to	you. Follow these	steps:		
	16a.	Fill in	the state in which you live.	NC	_		
	16b.	. Fill in	the number of people in your household.	1	_		
	16c.		the median family income for your state and			\$_	42,946.00
		instru	d a list of applicable median income amounts ctions for this form. This list may also be ava				
17	. How	do th	e lines compare?				
	17a.		Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). Go to Part 3. Do N		•		
	17b.		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	ulation of Your Di			
Par	t 3:	Cal	culate Your Commitment Period Under 11	U.S.C. § 1325(b)(4	4)		
18.	Сор	y you	total average monthly income from line 1	11.		\$	424.48
19.	cont	end th	e marital adjustment if it applies. If you are at calculating the commitment period under 1 acome, copy the amount from line 13.				
	19a.	. If the	marital adjustment does not apply, fill in 0 on	line 19a.		- \$	0.00
							404.40
	19b.	Subtr	act line 19a from line 18.			\$_	424.48
20.	Calc	culate	your current monthly income for the year.	. Follow these step	os:		
	20a.	Сору	line 19b			\$_	424.48
		Multip	bly by 12 (the number of months in a year).				x 12
	20b.	. The re	esult is your current monthly income for the y	rear for this part of	the form	\$_	5,093.76
	20c.	Сору	the median family income for your state and	size of household	from line 16c	\$_	42,946.00
	21.	How	do the lines compare?				
			Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	ise ordered by the	court, on the top of page 1 of this form, ch	eck box 3,	The commitment
			Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	nless otherwise ord	lered by the court, on the top of page 1 of	this form, c	heck box 4, The

Anna Louise Deese

Debtor 1

Case 17-80595 Doc 1 Filed 07/31/17 Page 61 of 66

Debtor 1	Anna Louise Deese	Case number (if known)
Part 4:	Sign Below	
Bys	signing here, under penalty of perjury I declare that the inform	mation on this statement and in any attachments is true and correct.
Aı	/ Anna Louise Deese nna Louise Deese gnature of Debtor 1	_
Date	e <u>July 31, 2017</u> MM / DD / YYYY	
If yo	ou checked 17a, do NOT fill out or file Form 122C-2.	
If yo	ou checked 17b, fill out Form 122C-2 and file it with this form	. On line 39 of that form, copy your current monthly income from line 14 above.

North Carolina Employment Security Commission Post Office Box 26504 Raleigh, NC 27611

NC Child Support Centralized Collections Post Office Box 900006 Raleigh, NC 27675-9006

Equifax Information Systems LLC P.O. Box 740241 Atlanta, GA 30374-0241

Experian P.O. Box 2002 Allen, TX 75013-2002

Trans Union Corporation P.O. Box 2000 Crum Lynne, PA 19022-2000

Internal Revenue Service (MD) **
Post Office Box 7346
Philadelphia, PA 19101-7346

US Attorney's Office (MD)**
101 S. Edgeworth Street, 4th floor
Greensboro, NC 27401

BB&T ******

Attn: Bankruptcy Managing Agent Post Office Box 1847 Wilson, NC 27894

BB&T ******

Attn: Bankruptcy Managing Agent Post Office Box 1847 Wilson, NC 27894

BB&T ******

Attn: Bankruptcy Managing Agent Post Office Box 1847 Wilson, NC 27894

BB&T Mortgage***
Attn: Managing Agent
Post Office Box 2027
Greenville, SC 29602

Bernhardt and Strawser, P.A. 5821 Fairview Road Suite 100 Charlotte, NC 28209

Bernhardt and Strawser, P.A. 5821 Fairview Road Suite 100 Charlotte, NC 28209

Chatham County Tax Administrator Post Office Box 908 Pittsboro, NC 27312

Chatham County Tax Administrator Post Office Box 908 Pittsboro, NC 27312

Citibank Customer Service Box 6500 Sioux Falls, SD 57117

Internal Revenue Service (MD)**
Post Office Box 7346
Philadelphia, PA 19101-7346

Law Offices of John T. Orcutt 6616-203 Six Forks Road Raleigh, NC 27615

Megerian & Wells Attorneys at Law 175 East Salisbury Street Asheboro, NC 27203

Midland Funding LLC 2365 Northside Drive STE 300 San Diego, CA 92108

NC Child Support Centralized Collections Post Office Box 900006 Raleigh, NC 27675-9006

NC Department of Justice for NC Department of Revenue Post Office Box 629 Raleigh, NC 27602-0629

North Carolina Dept. of Revenue** Post Office Box 1168 Raleigh, NC 27602-1168

Sears Mastercard Post Office Box 6282 Sioux Falls, SD 57117-6282

Smith Debnam Narron Drake Saintsing & Myers, L.L.P Post Office Box 26268 Raleigh, NC 27611-6268

Smith Debnam Narron Drake Saintsing & Myers, L.L.P Post Office Box 26268 Raleigh, NC 27611-6268

Synchrony Bank (Care Credit) Attn. Bankruptcy Dept Post Office Box 965061 Orlando, FL 32896-5061

Synchrony Bank (Lowe's) Atttn. Bankruptcy Dept Post Office Box 965060 Orlando, FL 32896-5060

Synchrony Bank***
ATTN: Bankruptcy Dept.
Post Office Box 965061
Orlando, FL 32896-5061

Synchrony Bank***
ATTN: Bankruptcy Dept.
Post Office Box 965061
Orlando, FL 32896-5061

Tractor Supply Credit Plan Post Office Box 6403 Sioux Falls, SD 57117-6403

U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Ave. NW Washington, DC 20530-0001

UNC Health Care**
Patient Financial Services
200 Eastowne Drive
Chapel Hill, NC 27514

US Attorney's Office (MD)**
101 S. Edgeworth Street, 4th floor
Greensboro, NC 27401

United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)

	111144	ie Bistrice of forth Curolina (for En	cinpuons,	
In re	Anna Louise Deese		Case No.	
		Debtor(s)	Chapter	13
	VERIF	FICATION OF CREDITOR	MATRIX	
	, 22422			
The abo	ve-named Debtor hereby verifies that	at the attached list of creditors is true and c	orrect to the best	of his/her knowledge.
Date:	July 31, 2017	/s/ Anna Louise Deese		
		Anna Louise Deese		

Signature of Debtor